

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90019 009 ***150.00

DOCUMENT # P93000087152

1. Entity Name

TIGER EYE INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

10155 COLLINS AVE.
 UNIT 303
 MIAMI BEACH FL 33154
 US

10155 COLLINS AVE.
 UNIT 303
 MIAMI BEACH FL 33154-1618
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0455892

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL REGISTERED AGENTS, INC.
 701 BRICKELL AVENUE
 STE 1800
 MIAMI FL 33131

Name

M. TACHIBANA, CPA

Street Address (P.O. Box Number is Not Acceptable)

1000 QUAYSIDE TERR # 1608

City

MIAMI

FL

Zip Code

33138

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

M. Tachibana, CPA **M. TACHIBANA, CPA**

3/23/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	RAIA, ALDO RAFAEL A	
STREET ADDRESS	10155 COLLINS AVE #301	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAIA, SUMAIA L	
STREET ADDRESS	10155 COLLINS AVE #301	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	V	<input type="checkbox"/> Delete
NAME	LABAKI, VIRGINIA H	
STREET ADDRESS	10155 COLLINS AVE #301	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **3/23/00** **March 2 2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)