

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

****20(

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90066 019 ***150.00

DOCUMENT # P94000032819

1. Entity Name

Tamiami Rentals Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7044 SW 8th Street

Suite, Apt. #, etc.

3. Mailing Address

7044 SW 8th Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0550099

Applied For

Not Applicable

Zip

33144

Country

Zip

33144

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Mendez, Orlando

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

7044 SW 8th Street

City

Miami, FL

FL

Zip Code
33144

**DO NOT WRITE
IN THIS SPACE**

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

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.**
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PSD
NAME Mendez, Orlando
STREET ADDRESS 7044 SW 8th Street
CITY-ST-ZIP Miami, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME Elizabeth Vega
STREET ADDRESS 1818 Granada Blvd.
CITY-ST-ZIP Coral Gables, FL 33134

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

Orlando Mendez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 4/23/03

Date

305-262-1020

Daytime Phone #

CR2E034B (12/01)