

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061430

1. Entity Name
TUPAN, INC.

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90816 030 ***150.00

Principal Place of Business

**3444 MAIN HWY
NO. 22
MIAMI FL 33133
US**

Mailing Address

**C/O BRUCE JAY TOLAND, P.A.
801 BRICKELL AVE., STE. 1501
MIAMI FL 33131
US**

2. Principal Place of Business

3. Mailing Address

**c/o Bruce Jay Toland PA
Suite, Apt. #, etc.
80 S.W. 8 Street #1920**

Suite, Apt. #, etc.

City & State

**City & State
Miami, Florida 33130**

Zip

Country

**Zip
33130**

Country

Miami-Dade

4. FEI Number **65-0574139**

Applied For
Not Applicable

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

**BRUCE JAY TOLAND
801 BRICKELL AVE.
STE. 1501
MIAMI FL 33131**

Name

Bruce Jay Toland PA

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

80 S.W. 8 Street, Suite 1920

City **Miami**

FL

Zip Code
33130

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

4/30/01

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **PS** ☐ Delete
NAME **MATARANGAS, CHRISTIANE V**
STREET ADDRESS **801 BRICKELL AVE., STE. 1501**
CITY-ST-ZIP **MIAMI FL**

TITLE **PS** ☒ Change ☐ Addition
NAME **Matarangas, Christiane V.**
STREET ADDRESS **80 S.W. 8 Street, Suite 1920**
CITY-ST-ZIP **Miami, Florida 33130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christiane V. Matarangas PS 34/30/01

Date

Daytime Phone #

305-381-7999

CR2E034 (10/00)

0151844