

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007359

1. Entity Name
TASIM CORP.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90073 017 ***158.75

Principal Place of Business

Mailing Address

**155 SOUTH MIAMI AV.
PENTHOUSE ONE
MIAMI, FL 33130**

**1210 VISTA DEL JUEZ
SAN ANTONIO, TX
78216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0574500

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALA, ANA M.
155 SOUTH MIAMI AVE.
PENTHOUSE ONE
MIAMI, FL 33130**

Name

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

City

FL

Zip Code

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)



**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	PT	<input type="checkbox"/> Delete
NAME	PALA, ANA M.	
STREET ADDRESS	155 SOUTH MIAMI AVE, PH 1	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	V	<input type="checkbox"/> Delete
NAME	PALA, ANTONIO L	
STREET ADDRESS	155 SOUTH MIAMI AVE, PH 1	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, CARLOS M	
STREET ADDRESS	155 SOUTH MIAMI AVE, PH 1	
CITY-ST-ZIP	MIAMI, FL 33130	
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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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Date

305-358-4444

Daytime Phone #

CR2E034 (9/99)