

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072080

1. Entity Name

TAMIAMI MARKETPLACE, INC.

Principal Place of Business

6812 N.W. 77 COURT
MIAMI FL 33166

Mailing Address

6812 N.W. 77 COURT
MIAMI FL 33166-2713

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

65-0635019

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

LEYVA, GIRALDO
6950 N.W. 77TH CT.
MIAMI FL 33166

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LIMA, FELIX
6812 N.W. 77 COURT
MIAMI FL 33166



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SUAREZ, AMANCIO
6812 N.W. 77 COURT
MIAMI FL 33166



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LEYVA, GIRALDO
6812 N.W. 77 COURT
MIAMI FL 33166



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
CHRISTIAN F. ALTABA
2600 SW 3rd.AVE Miami, FL. 33129



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ERICH A. ALTABA
2600 SW 3rd.AVE
Miami, FL. 33129



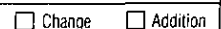
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GIRALDO LEYVA
6950 NW 77 CT
Miami, FL. 33166



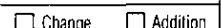
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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

Date

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90113 029 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)