

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019538

1. Entity Name

TIGERS OF ASIA SHOW/EXPO INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90014 036 ***150.00

Principal Place of Business

3400 CORAL WAY
3RD FLOOR
MIAMI FL 33145

Mailing Address

2921 CORAL WAY
MIAMI FL 33145-3205

2. Principal Place of Business

2921 CORAL WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI

City & State

City & State

FLA

Zip

Country

Zip

Country

33-145

USA

4. FEI Number

65-0687867

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

FINOCCHIARO, JUSTIN M.,
3400 CORAL WAY
3RD FLOOR
MIAMI FL 33145

Name

FINOCCHIARO JUSTIN M.

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

2921 CORAL WAY

City

MIAMI

FL

Zip Code

33145

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	D FINOCCHIARO, JUSTIN M 3400 CORAL WAY, 3RD FLOOR MIAMI FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINOCCHIARO, MARCIA 3551 SW 23RD TERR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1-27-00

Date

305 445-3788

Daytime Phone #

CR2E034 (9/99)