

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042035

1. Entity Name

TANUS TOTAL DESIGN CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90090 016 ***150.00

Principal Place of Business

6904 N. KENDALL DR. #F306
MIAMI FL 33156-1549

Mailing Address

6904 N. KENDALL DR. #F306
MIAMI FL 33156-1549

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0666300**

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

VALDES, ROLANDO
6904 N. KENDALL DR. #F306
MIAMI FL 33156-1549

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	DP	<input type="checkbox"/> Delete
NAME	VALDES, ROLANDO	
STREET ADDRESS	6904 N. KENDALL DR. F-306	
CITY-ST-ZIP	MIAMI FL 33156-1549	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TANUS, MERCEDES C	
STREET ADDRESS	6904 N. KENDALL DR. F-306	
CITY-ST-ZIP	MIAMI FL 33156-1549	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2000 (305) 666-2825

Date Daytime Phone #

CR2E034 (9/99)