

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90093 038 ***150.00

DOCUMENT # P96000095959

1. Entity Name

TAVERNIER ISLAND TRADING & INVESTMENTS, INC.

Principal Place of Business

Mailing Address

3151 SW 27TH AVE
3151 SW 27TH AVE
COCONUT GROVE FL 33133
US

POST OFFICE BOX 331598
3151 SW 27TH AVE
COCONUT GROVE FL 33233-1598
US

2. Principal Place of Business

3. Mailing Address

91645 OVERSEAS Highway
Suite, Apt. #, etc.

91645 OVERSEAS Highway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAVERNIER FL

City & State

TAVERNIER FL

4. FEI Number

65-0709992

Applied For

Not Applicable

Zip

Country

33070 USA

Zip

Country

33070 USA

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

GUSTINGER, ERIC
3151 SW 27TH AVE
COCONUT GROVE FL 33133

Name

GUSTINGER ERIC

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

91645 OVERSEAS Highway

City

TAVERNIER

FL

Zip Code

33070

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

ERIC GUSTINGER

DATE

3/6/2000

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	D	<input type="checkbox"/> Delete
NAME	GUSTINGER, ERIC	
STREET ADDRESS	3151 SW 27TH AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTINGER ERIC	
STREET ADDRESS	91645 OVERSEAS Highway	
CITY-ST-ZIP	TAVERNIER, FL 33070	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/2000

305-852-2354

CR2E034 (9/99)