

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90261 034 ***150.00

DOCUMENT # P97000016222

1. Entity Name
TAMANACO USA INC.



Principal Place of Business
13918 SW 144 LANE
MIAMI FL 33186
US

Mailing Address
13918 SW 144 LANE
MIAMI FL 33186
US

11013067



2. Principal Place of Business

13918 SW 144 Lane

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami Florida

City & State

4. FEI Number **65-0731212**

Applied For
Not Applicable

Zip **33186** **Country** **USA**

Zip **Country**

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

LARRAZABAL, CARMEN
13918 SW 144 LANE
MIAMI FL 33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Delete**
NAME **DEL MORAL, RODOLFO**
STREET ADDRESS **160 N.W. 86TH PLACE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **DEL MORAL RODOLFO**
STREET ADDRESS **5055 Collins Ave, apto 12-B**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **V** ☐ **Delete**
NAME **D. MORAL, VICTOR**
STREET ADDRESS **14822 S.W. 80TH ST.**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **LARRAZABAL, CARMEN**
STREET ADDRESS **13918 SW 144 LANE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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 #

Carmen D. Larrazabal 4/17/2003 305 253 2519

CR2E034 (10/02)