2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2001 8:00 am Secretary of State DOCUMENT # P97000027537 Tigre Marketing Corp. 03-21-2001 90029 041 \*\*\*158.75 Mailing Address Principal Place of Business 3600 S. State Rd 7 #309 3600 S. State Rd 7 #309 Miramar, FL 33023 Miramar, FL 33023 2. Principal Place of Business 3. Mailing Address 3600 S State Rd 7 3600 S. State Rd 7 🛴 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE No 309 No. 309 Applied For City & State 4. FEI Number City & State Miramar, FL Miramar, FL Not Applicable 65-0749579 Zip 33023 Country USA Country USA <sup>Zip</sup> 33023 \$8.75 Additional 5. Certificate of Status Desired х<del>Гх</del> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ronald Akerson 631 S.W. 176 Ave. Street Address (P.O. Box Number is Not Acceptable) Pembroke Pines, FL 33029 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. DATE (NOTE: Registered Agent signature required when reinstating) \* FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 \_ Tax filing requirement and elects to do so Added to Fees -Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE President NAME NAME Ronald Akerson STREET ADDRESS STREET ADDRESS 631 SW 176 Ave. CITY-ST-ZIP CITY-ST-ZIP 33029 Pembroke Pines, FL ☐ Addition Change TITLE Delete TITLE Secretaryicata NAME NAME Ronald Akerson STREET ADDRESS STREET ADDRESS 631 SW 176 Ave CITY-ST-ZIP CITY-ST-7IP 3029 <del>Pembroke Pines, FL</del> ☐ Addition Change TITLE Delete TITLE Treasurer NAME NAME Ronald Akerson STREET ADDRESS STREET ADDRESS 631 SW 176 Ave CITY-ST-ZIP CITY-ST-7IP Pembroke Pines, FL 33029 Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 npewered

Daytime Phone

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR