

2000 UNIFORM BUSINESS REPORT (UBR)

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

07-26-2000 90045 048 ***550.00

DOCUMENT # P97000032997

1. Entity Name

TATIANA RECOVERIES, INC.

Principal Place of Business

12940 CALAIS CIRCLE
 PALM BEACH GARDENS FL 33410

Mailing Address

12940 CALAIS CIRCLE
 PALM BEACH GARDENS FL 33410

2. Principal Place of Business

8245 S.E. Country Estates Way
 Suite, Apt. #, etc.

3. Mailing Address

8245 S.E. Country Estates Way
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Jupiter, FL

City & State
 Jupiter, FL

4. FEI Number **65-0737186**

Applied For
 Not Applicable

Zip
 33458

Country
 USA

Zip
 33458

Country
 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VILLACORTA, TAMMY
 12940 CALAIS CIRCLE
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 8245 S.E. Country Estates Way
 City Jupiter FL Zip Code 33458

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

Tammy Villacorta

07/26/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VILLACORTA, TAMMY	<input type="checkbox"/> Delete	NAME 8245 S.E. Country Estates way	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12940 CALAIS CIRCLE		STREET ADDRESS Jupiter, FL 33458	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410		CITY-ST-ZIP Jupiter, FL 33458	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VILLACORTA, MARTIN A.	<input type="checkbox"/> Delete	NAME 8245 S.E. Country Estates way	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12940 CALAIS CIR		STREET ADDRESS Jupiter, FL 33458	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410		CITY-ST-ZIP Jupiter, FL 33458	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-776-1961

CR 21:03:14 (5/00)