

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 90823 039 ***150.00

0071371

DOCUMENT # P97000044093

1. Entity Name

TMAN GLOBAL.COM, INC.

Principal Place of Business

**1000 UNIVERSAL STUDIOS PLAZA
 BLDG #22
 ORLANDO FL 32819
 US**

Mailing Address

**1000 UNIVERSAL STUDIOS PLAZA
 BLDG #22
 ORLANDO FL 32819
 US**

2. Principal Place of Business

1061 N. Venetian
 Suite, Apt. #, etc.

3. Mailing Address

1061 N. Venetian
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0782227

Applied For

Not Applicable

Zip

33139

Country

U.S.

Zip

33139

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRAMONTANO, RON J
 1000 UNIVERSAL STUDIOS PLAZA
 BLDG #22
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

ROBERT CARLIN

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

1061 N. Venetian

City

Miami Beach

FL

Zip Code

33139

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

ROBERT CARLIN CEO, Pric COO

Not J. Cl

4-25-01

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, 2001 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

TITLE	CCEO	<input checked="" type="checkbox"/> Delete
NAME	INTERDONATO, TONY	
STREET ADDRESS	1000 UNIVERSAL STUDIOS PLAZA, BLDG #22	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TRAMONTANO, RON J	
STREET ADDRESS	1000 UNIVERSAL STUDIOS PLAZA, BLDG #22	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	VALLI, RONALD	
STREET ADDRESS	1000 UNIVERSAL STUDIOS PLAZA, BLDG #22	
CITY-ST-ZIP	ORLANDO FL 32819	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT CARLIN	
STREET ADDRESS	1061 N. Venetian	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT CARLIN	
STREET ADDRESS	1061 N. Venetian	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT CARLIN	
STREET ADDRESS	1061 N. Venetian	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOHAMED A. Khushoggi	
STREET ADDRESS	1061 N. Venetian	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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:

Not J. Cl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

**305-373-9720 Fax
 +34.952.906.071**

Daytime Phone #

CR2E034 (10/00)