

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90172 006 ***150.00

DOCUMENT # **PA 7000044093** ✓

1. Entity Name

TMAN910001.COM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1061 N. VENETIAN ROAD

Suite, Apt. #, etc.

3. Mailing Address

1061 N. VENETIAN ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

05-0782227

Applied For

Not Applied For

Zip

33132

Country

U.S.A.

Zip

33132

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROBERT CARLIN

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

1061 N. VENETIAN ROAD

City

MIAMI

FL

Zip Code

33132

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 **PRESIDENT + DIRECTOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT DIRECTOR**
NAME **ROBERT CARLIN**
STREET ADDRESS **10693 ANNA MARIE DR.**
CITY - ST - ZIP **GLEN ALLEN VA 23060**

TITLE **DIRECTOR**
NAME **MOHAMAD KHASHOGGI**
STREET ADDRESS **200 A Benaboula**
CITY - ST - ZIP **MARBELLA, MALAGA 29660 SPAIN**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Carlin **PRESIDENT + DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

DATE

+34.609.450835

DAYTIME PHONE #