

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90130 020 ***150.00

DOCUMENT # P97000048969

1. Entity Name
TANMAR INVESTMENTS, INC.



Principal Place of Business
**501 CAUSEWAY BLVD
BELLEAIR BEACH FL 33786**

Mailing Address
**1 PROGRESS PLAZA #450
ST. PETERSBURG FL 33701**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
One Progress Plaza
Suite, Apt. #, etc.
#450

3. Mailing Address
Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL
Zip
33701

City & State
Zip

4. FEI Number **59-3503043**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AVIRAM, TAL
501 CAUSEWAY BLVD
BELLEAIR BEACH FL 33786**

7. Name and Address of New Registered Agent
Name
One Progress Plaza #450
Street Address (P.O. Box Number is Not Acceptable)
Tal Aviram
City
ST PETERSBURG FL Zip Code
33701

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 **1/10/03**

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 NAME STREET ADDRESS CITY-ST-ZIP	P AVIRAM, JIMMY 501 CAUSEWAY BLVD BELLEAIR BEACH FL 33786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AVIRAM, HAIA 501 CAUSEWAY BLVD BELLEAIR BEACH FL 33786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO AVIRAM, MEIRAV 501 CAUSEWAY BLVD BELLEAIR BEACH FL 33786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVIRAM, RAVIT 501 CAUSEWAY BLVD BELLEAIR BEACH FL 33786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AVIRAM, TAL 501 CAUSEWAY BLVD BELLEAIR BEACH FL 33786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/10/03** 7278034337
Daytime Phone #

CR2E034 (10/02)