

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071713

1. Entity Name

TNK CORPORATION

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90017 015 ***158.75

Principal Place of Business

7908 TRAVELERS STREET DRIVE
 BOCA RATON FL 33433

Mailing Address

7908 TRAVELERS STREET DRIVE
 BOCA RATON FL 33433

2. Principal Place of Business

8561 NW 68th Street

3. Mailing Address

8561 NW 68th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0782379

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, GLORIA R
 2100 PONCE DE LEON BLVD.
 SUITE 920
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

JOSE, SHIRLEY GLORIA M

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

2055 LEJUNIO RD STE 1001

City

CORAL GABLES

FL

Zip Code

33134

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.

(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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 ALEGRIA, JULIO C
 7908 TRAVELERS STREET DRIVE
 BOCA RATON FL 33433

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SVD
 BROWN, VIOLETA
 7908 TRAVELERS STREET DRIVE
 BOCA RATON FL 33433

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

CR2E034 (5/00)

attachment
99700007173
B0106034

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O.BOX1500
TALLAHASSEE, FL 32302-1500

RE: Late fee

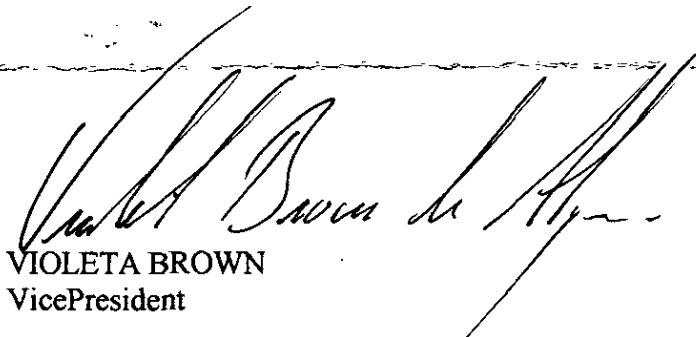
To whom it may concern,

We are responding to the second notice of the (UBR) 2000, since the first notice was never received. This might had happened during the period that took our registered agent to move to a new office.

We would like to ask your permission to waive the late fee and please receive the enclosed payment for \$158.75 of the UBR and the Certificate of Status.

If you may have any further inquiries please do not hesitate to contact me at: (305) 470-9004.

Sincerely,



VIOLETA BROWN
VicePresident