2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

FILED DOCUMENT # **P97000071899** Feb 29, 2000 8:00 am **Secretary of State** TAC INTERNATIONAL, INC. 02-29-2000 90143 009 ***158.75 Principal Place of Business Mailing Address 9601 SW 142 AVENUE SUITE 216 9601 SW 142 AVENUE SUITE 216 MIAMI FL 33014-5574 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business 64 W. 15969 NW 15969 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 206 206 City & State City & State Applied For 4. FEI Number 65-0775983 Not Applicable 33<u>014</u> Country Country \$8.75 Additional 5. Certificate of Status Desired 33014 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, CESAR Street Address (P.O. Box Number is Not Acceptable) 15969 N.W. 64 AVE 206 MIAMI FL 33014 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE GONZALEZ, CESAR NAME NAME STREET ADDRESS STREET ADDRESS 9601 SW 142 AVENUE SUITE 216 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME Jaaniorg, Toivo NAME STREET ADDRESS 9601 SW 142 AVENUE SUITE 216 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33186 TD Delete TITLE . GONZALEZ, AUDA NAME NAME STREET ADDRESS STREET ADDRESS 9601 SW 142 AVENUE SUITE 216 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Addition TITI E Change SD ☐ Delete OLIVIERI, AUDA NAME NAME STREET ADDRESS STREET ADDRESS 9601 SW 142 AVENUE SUITE 216 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Change **Addition** ☐ Delete TITLE Luisa NAME 64 AV # 206 STREET ADDRESS STREET ADDRESS 33014 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

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Daytime Phone #