

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102239

1. Entity Name

TANAGRA ANTIQUES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90120 044 \*\*\*150.00

Principal Place of Business

5220 NW 72ND AVE #18  
MIAMI FL 33166-4858  
US

Mailing Address

5220 NW 72ND AVE #18  
MIAMI FL 33166-4858  
US

2. Principal Place of Business

2895 BISCAYNE BLVD

3. Mailing Address

2895 BISCAYNE BLVD

Suite, Apt. #, etc.

283

Suite, Apt. #, etc.

283

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33137

Country

U.S.A

Zip

33137

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0800397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALENTIN, PEDRO F  
13100 SW 92 AVE.  
SUITE C 404  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

04/15/00  
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, 2000 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	P	<input type="checkbox"/> Delete
NAME	COSTA, CLAUDIO	
STREET ADDRESS	2895 BISCAYNE BLVD AP 283	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VINOUE, ABRAHAM	
STREET ADDRESS	2600 COLLINS AVE.	
CITY-ST-ZIP	MIAMI FL 33428	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/00  
DATE

(561) 9010216  
Daytime Phone #

CR2E034 (9/99)