

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 11, 2000 8:00 am
Secretary of State

03-24-2000 90023 002 ***150.00

DOCUMENT # P98000029573

1. Entity Name

TEGAM, INC.

Principal Place of Business

1320 SOUTH DIXIE BLVD., SUITE 450
CORAL CABLES FL 33146

Mailing Address

1320 SOUTH DIXIE BLVD., SUITE 450
CORAL CABLES FL 33146-2925

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

65-0920368

4. FET Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~CASTILLO, ANGEL JR~~
1320 SOUTH DIXIE BLVD., SUITE 450
CORAL CABLES FL 33146

7. Name and Address of New Registered Agent

Name **Stormie Stafford**

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

1320 S. Dixie Hwy #450

City **Coral Gables**

FL

Zip Code **33146**

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

Stormie Stafford

3/14/00

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 **D** ☐ Delete
NAME **MORRILL, THOMAS L III**
STREET ADDRESS **9900 N.W. 44TH TERRACE, NO. 305**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☐ Delete
NAME **MORRILL, MARK C**
STREET ADDRESS **1320 S DIXIE BLVD STE 450**
CITY-ST-ZIP **MIAMI FL 33146**

TITLE **D** ☒ Delete
NAME **VALDES, ELOY M**
STREET ADDRESS **1320 S DIXIE BLVD STE 450**
CITY-ST-ZIP **MIAMI FL 33146**

TITLE **D** ☒ Delete
NAME **GONZALEZ, ELOY A**
STREET ADDRESS **1320 S DIXIE BLVD STE 450**
CITY-ST-ZIP **MIAMI FL 33146**

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 **9737 NW 41ST Street #209**
CITY-ST-ZIP **MIAMI FL 33178**

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

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

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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:

T. L. Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)