

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030719

1. Entity Name

TAMARIX, INC.

Principal Place of Business
4100 NORTH MIAMI AVENUE
MIAMI FL 33127

Mailing Address
4100 NORTH MIAMI AVENUE
MIAMI FL 33127

2. Principal Place of Business

2231 NE 192nd STREET
Suite, Apt. #, etc.

3. Mailing Address

2231 NE 192nd STREET
Suite, Apt. #, etc.

City & State

N MIAMI BEACH

City & State

N MIAMI BEACH

Zip

33180

Country

US

Zip

33180

Country

US

6. Name and Address of Current Registered Agent

GOVAERT, GUI L
4100 NORTH MIAMI AVENUE
MIAMI FL 33127

4. FEI Number 65-0900147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

2231 NE 192nd STREET

City

N MIAMI BEACH

FL

Zip Code

33180

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 \$150.00
After MAY 1, 2001 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 ☐ Delete
NAME D
STREET ADDRESS GOVAERT, GUI L
CITY-ST-ZIP 4100 NORTH MIAMI AVENUE
MIAMI FL 33127

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Ivan DePuis
CITY-ST-ZIP 2231 NE 192nd STREET
N MIAMI BEACH, FL 33180

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Anne Marie Charlier
CITY-ST-ZIP 2231 NE 192nd ST.
N MIAMI BEACH, FL 33180

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Jean Pierre Van Eyken
CITY-ST-ZIP 2231 NE 192nd ST.
N MIAMI BEACH, FL 33180

TITLE ☐ Change ☒ Addition
NAME Asst. Secretary
STREET ADDRESS Gui L P Govaert
CITY-ST-ZIP 2231 NE 192nd ST.
N MIAMI BEACH, FL 33180

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90123 035 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)