

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053922

1. Entity Name

THE TATTOO CIRCUS, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90022 027 ***150.00

Principal Place of Business

8835 SW 40 STREET
MIAMI FL 33165

Mailing Address

8835 SW 40 STREET
MIAMI FL 33165-5409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0849318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBBINS, ROBERTA E
9300 S DADELAND BLVD STE 313
MIAMI FL 33156

Name
Samantha Burmeister

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

1200 EUCLID AVE # 304

City

MIAMI BEACH

FL

Zip Code

33139

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, 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	ST	Delete <input type="checkbox"/>
NAME	BURMEISTER, SAMANTHA	
STREET ADDRESS	14875 SW 72 TERR	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	PN	Delete <input type="checkbox"/>
NAME	FORTH, EMERSON	
STREET ADDRESS	8835 S.W. 40TH ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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

SAMANTHA BURMEISTER S/T 01/23/00

Date

Daytime Phone

305-534-2448

CR2E034 (9/99)