## FILED Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90119 028 \*\*\*158.75

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094073

TIGER CORP.

					_						
Principal Plac	e of Business	Mailing Address									
340 SOMERSET WAY WESTON FL 33326		340 SOMERSET WAY WESTON FL 33326-2980									
						1 ( <b>110</b> (1 <b>10)</b>	KANAN NANKA ADUN BANKI	88111 <b>88</b> 118 1811	TI BIRIK BRIJI 70	1 <b>888</b> (2)( 2 <b>88</b> 2	
2. Principal P	Place of Business	3. Mailing Address									
Śuite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	е	City & State			4. 1	D23107.3074			oplied For ot Applicable		
Zip	Country Zip Co			ry	5. Certificate of Status Desired \$8.75 Addition Fee Required					ditional ed	
	6. Name and Address of Current R	egistered Agent			7. 1	Name and Ad	dress of New R	egistered A	gent		
<del></del>	<u> च्याच्या चंत्रक, च्याच्या उ</u> च्या			Name	-			س <u>ب سيج</u> يد الرواب			
340	udhomme, rene Somerset way		1	Street Address	(P.O. B	Box Number is	Not Acceptable	)			
WES	TON FL 33326										
		-		City				FL	Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or registe	ered ag	ent, or both, i	n the State of Flo	rida.			
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable (NOTE	: Registered	d Agent signature require	ed when re	einstating)		DATE		<del></del>	
9. This corpo Tax filing r	pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees					
(See criter	ria on back)			partment of St		<u> </u>					
11.	OFFICERS AND D		12.		AD	DITIONS/CH	ANGES TO OFF	ICERS AND			
TITLE	PD POPULOVANE BENE	☐ Delete	TITLE						Change	Addition	
NAME	PREUDHOMME, RENE		NAM	l l							
STREET ADDRESS CITY-ST-ZIP	340 SOMERSET WAY			et address • St-Zip							
	WESTON FL 33326		-	<del></del>						☐ Addition	
TITLE		☐ Delete	TITLE	l l					Change	☐ Addition	
NAME			NAM	ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP				ST-ZIP							
			_						☐ Change	Addition	
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CITY-ST-ZIP			- 4	-ST-ZIP							
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NAME		□ Delete	NAM						□ Olimida		
STREET ADDRESS				et address							
CITY-ST-ZIP			CITY-	-ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME		OCIGIO	NAME	<b>I</b>					_	_	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME	<b> </b>		NAM	ľ					-		
STREET ADDRESS			STRE	ET ADDRESS							
CITY-ST-ZIP			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 phose like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #