

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

TIGER HOMES, INC

99000012621

PROFIT

FILED
Jul 07, 2000 8:00 am
Secretary of State

06-05-2000 90049 014 ***150.00

Principal Place of Business

Mailing Address

5100 N. FEDERAL HWY
#204
Fort Lauderdale, FL 33308

2. Principal Place of Business

5100 North Federal Hwy

Suite, Apt. #, etc.

204

City & State

FT. LAUDERDALE, Florida

Zip

33308

Country

BROWARD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0893612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Adrian J. Vargas

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

5100 N. Federal Highway

Suite 204

City

FT. LAUDERDALE

FL

Zip Code

33308

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

June 30, 2000

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 - CEO	<input type="checkbox"/> Delete
NAME	ADRIAN VARGAS	
STREET ADDRESS	545 S. ATLANTIC DR. #1604	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	D - V.P.	<input type="checkbox"/> Delete
NAME	DR. RICHARD GIOVANELLI	
STREET ADDRESS	430 NW 32ND ST.	
CITY-ST-ZIP	OAKLAND PARK, FL 33209	
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 checked="" type="checkbox"/> Addition
NAME		
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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:

Adrian J. Vargas

ADRIAN J. VARGAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)