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FILED
Jul 08, 2002 8:00 am
Secretary of State

05-01-2002 91512 048 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000034568

1. Entity Name

TANGO BEEF CAPE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
940 NORMANDY DRIVE

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 416657

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

4. FEI Number
65-0910746

Applied For
Not Applicable

Zip
33141

Country
MIAMI-DADE

Zip
33141

Country
MIAMI-DADE

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALEJANDRO ALBORNOZ DEL AZAR

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

City MIAMI BEACH FL Zip Code 33141

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

To print or type or print name of signatory, firm and title if required.

100111. Print or type name of signatory, firm and title if required.

(121)

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) XX

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$81.25
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
NAME
STREET ADDRESS
CITY-STATE-ZIP
D/P/VP/S
ALEJANDRO ALBORNOZ DEL AZAR
946 NORMANDY DRIVE
MIAMI BEACH, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 on an
appointment with an address, with another like empowered

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

305-861-7797

CR2034B (12/01)