

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

FILED
Jun 06, 2003 8:00 am
Secretary of State

06-06-2003 90043 040 ***150.00

DOCUMENT# *P99000042581*

1. Entity Name
TIBSARK, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1881 Washington Ave 16F

Suite, Apt. #, etc.

16F

City & State

Miami Beach FL

Zip *33139*

Country

USA

3. Mailing Address

1881 Washington Ave

Suite, Apt. #, etc.

16F

City & State

Miami Beach

Zip

FL

Country

33139

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2175797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Tibi Arnaud, B.*

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

1881 Washington Ave #16F

City

Miami Beach

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Arnaud Tibi

DATE

06/02/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*
NAME *Tibi Arnaud, B.*
STREET ADDRESS *1881 Washington Ave #16F*
CITY - ST - ZIP *Miami Beach, FL, 33139*

TITLE *Vice-President*
NAME *SARKISSIAN Jean. Jacques, G*
STREET ADDRESS *1881 Washington Ave 16F*
CITY - ST - ZIP *Miami Beach, FL, 33139*

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARKISSIAN JEAN-JACQUES

DATE

06/02/03

Daytime Phone #

305 532 4452

CR2E034B (12/02)