

600 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name **P99000052764**
TARANOVA INTERNATIONAL CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 11 AM 9:57

Principal Place of Business
c/o SAEZ & ASSOCIATES
888 Brickell Avenue
5th Floor
Miami, FL 33131

Mailing Address
c/o SAEZ & ASSOCIATES
888 Brickell Avenue
5th Floor
Miami, FL. 33131

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 **65-0935159** Applied For ☐ Not Applied ☐

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAEZ, PEDRO P.
888 BRICKELL AVENUE, 5TH FLOOR
MIAMI, FL. 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 of the individual named as registered agent and title if applicable

(If UBR, the registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible asset funding 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ERASO, JAMES EDWARD 270 WEST MCINTYRE ST. KEY BISCAVNE, FL. 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T ERASO, JAMES EDWARD 270 WEST MCINTYRE STREET KEY BISCAVNE, FL. 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/00

(305) 361-5429

Date

Daytime Phone