

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059559

1. Entity Name

TANGO 1\$ PLUS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90086 010 ***150.00

Principal Place of Business

CORAL WAY PLAZA
8420 W FLAGLER ST. #114-B
MIAMI FL 33144

Mailing Address

CORAL WAY PLAZA
8420 W FLAGLER ST. #114-B
MIAMI FL 33144-2045

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

15-0930944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SIERRA, JIM~~

~~9290 SUNSET DR., STE. 105~~

~~MIAMI FL 33173~~

Name

JIM SIERRA

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

5550 SW 87 AVE

City

MIAMI

FL

Zip Code

33165

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	RUDAVETZ, CECILIA	20800 ANCHORD RD.	MIAMI FL 33189	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSD	RUDAVETZ, ROBERTO	20800 ANCHORD RD.	MIAMI FL 33189	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIR. ROBERTO RUDAVETZ 1/10/00 305 220-9595

CR2E034 (9/99)