Daytime Phone #

## 2601 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

ID TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE:

## FILED Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P99000077565 1. Entity Name T.A.S. INVESTMENT CORPORATION 04-13-2001 90095 049 \*\*\*150.00 Principal Place of Business Mailing Address 10750 NORTH BAY ROAD, UNIT 1103 10750 NORTH BAY ROAD, UNIT 1103 SUNNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160 2. Principal Place of Business 3. Mailing Address 7050 N B Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1103 City & State City & State 4. FEI Number Applied For 65-0949160 Sunnu Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROUSSO, MARK E ESQ Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191 STREET, PH3A **AVENTURA FL 33180** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PDT ☐ Delete TITLE TITLE 17050 N. Bay Rd #1103 Sunny Jokes Beach, F-L 33160 Schange Addition Cadenazzi, Juan Martin NAME NAME 10750 NORTH BAY ROAD, UNIT 1103 STREET ADDRESS STREET ADDRESS SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE PAZOS, PABLO EDGARDO NAME NAME 17050 N. Bay 12d # 1103 Sunny Istes Beach, FC 33160 10750 NORTH BAY ROAD, UNIT 1103 STREET ADDRESS STREET ADDRESS SUNNY ISLES BEACH FL 33160 CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director its this report of required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with this filing do 13. I hereby certify that the information supplied indicated on this report or supplemental epot is true and of the corporation or the receiver or trustee empowered.