

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90092 003 \*\*\*150.00

60035918



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000078936

1. Entity Name  
**TAGUS INVESTMENTS, INC.**

Principal Place of Business 4444 PRAIRIE AVENUE MIAMI BEACH FL 33140	Mailing Address 4444 PRAIRIE AVENUE MIAMI BEACH FL 33140-3003
--	---

2. Principal Place of Business 32 N.W. 20th ST Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State MIAMI, FL	City & State	4. FEI Number 65-0945334	Applied For Not Applicable
Zip 33127	Country DADE	Zip	Country

6. Name and Address of Current Registered Agent  
**PAMPANAS, JUAN**  
**4444 PRAIRIE AVENUE**  
**MIAMI BEACH FL 33140**

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 officer or registered agent, or both, in the State of Florida.  
 SIGNATURE: JUAN PAMPANAS, PRES. DATE: 3/6/00  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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	<b>D</b> <b>PAMPANAS, JUAN</b> <b>4444 PRAIRIE AVENUE</b> <b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAMPANAS, JOSEPHINE G</b> <b>4444 PRAIRIE AVENUE</b> <b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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

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: JUAN PAMPANAS DATE: 3/6/00 DAYTIME PHONE #: 305 573-7558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)