


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

FILED

<b>DOCUMENT #</b> P99000104905 <b>1. Entity Name</b> <b>TASHMAR TRUSTEE, INC.</b>	
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03 OCT 17 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 03  
DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 835 N.W. 72 STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 835 N.W. 72 STREET Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FLORIDA		<b>City &amp; State</b> MIAMI, FLORIDA	
<b>Zip</b> 33150	<b>Country</b> U.S.A.	<b>Zip</b> 33150	<b>Country</b> U.S.A.
<b>4. FEI Number</b> 65-1091791		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> IGLESIAS, NANCY			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 835 N.W. 72 STREET			
<b>City</b> MIAMI			
<b>Zip Code</b> 33150			

**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** \_\_\_\_\_ **10-15-2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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**

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<b>IGLESIAS, NANCY, DIRECTOR</b> 835 N.W. 72 STREET MIAMI, FLORIDA 33150	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<b>AMENEIRO, MARCUS, DIRECTOR</b> 835 N.W. 72 STREET MIAMI, FLORIDA 33150	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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**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:** \_\_\_\_\_ **10-15-2003** **305-693-4633**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

2/10/20

**TASHMAR TRUSTEE, INC.**

**835 NW 72<sup>ND</sup> STREET  
MIAMI, FLORIDA 33150**

**PHONE (305) 693-4633  
FAX (305) 693-4685**

October 15, 2003

Florida Dept. of State  
Division of Corporations  
409 East Gains<sup>2</sup> Street  
Tallahassee, Florida 32399

Re: TASHMAR TRUSTEE, INC.

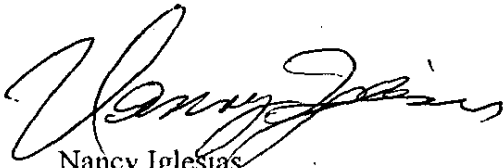
To Whom It May Concern:

Please be advised that we are sending this letter together with the form we obtained from your website with the \$150.00 renewal fee as per our telephone conversation.

We never received the forms.

Your kind cooperation in this matter will be most appreciated.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Nancy Iglesias', is written over the typed name and title.

Nancy Iglesias  
President