## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # V18902** TAMWEST REALTY, INC. 04-02-2001 90306 039 \*\*\*150.00 Principal Place of Business Mailing Address 213-01 99TH AVE 500-716 N US HWY 1 TEQUESTA FL 33469 **QUEENS VILLAGE NY 11429** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0321982 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent a 7. Name and Address of New Registered Agent CORPORATION INFORMATION SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete TITI F PANICCIA, ALBERT JR. NAME 213-01 99TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP QUEENS VILLAGE NE CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE PANICCIA, CARLO NAME NAME STREET ADDRESS 213-01 99TH AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP QUEENS VILLAGE NY ☐ Change Addition TITLE Delete TITLE PANICCIA, LINDA NAME NAME STREET ADDRESS 213-01 99TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **QUEENS VILLAGE NY** TITLE ☐ Defete THILE PAID ☐ Change ☐ Addition PERCIBALLI, DIANE NAME NAME CHECK #\_\_ 213-01 99TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **QUEENS VILLAGE NY** AMOUNT... TITLE Delete TITLE Change Addition DATE ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME

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 erripowered to execute this report as report as the property of the corporation of the corporation of the receiver or trustee erripowered to execute this report as report as the property of the property with a statute of the property of changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

3/39/01 ALBERT VANICCIA