

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90139 040 ***150.00

DOCUMENT # V29169

1. Entity Name
TAMROC FLORIDA, INC.

Principal Place of Business 6726 NW 72 AVE MIAMI FL 33166 US	Mailing Address 6726 NW 72 AVE MIAMI FL 33166 US
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00031161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6065 NW 167th ST.

3. Mailing Address

Suite, Apt. #, etc.
B-19

City & State
MIAMI, FL

City & State

4. FEI Number **65-0329746**

Applied For
 Not Applicable

Zip **33015** Country **U.S.A**

Zip Country

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

~~LINS, MAURICIO~~
~~6726 NW 72 AVE~~
~~MIAMI FL 33166~~

Name **MAURICIO LINS**
 Street Address (P.O. Box Number is Not Acceptable)
6065 NW 167th ST. SUITE B-19
 City **MIAMI** **FL** Zip Code **33015**

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 *Mauricio Lins*

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, 2001 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	Change	Addition
PT	LINS, JURACY GOMES	6726 NW 72 AVE	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
	SAME	6065 NW 167th ST. STE. B-19	MIAMI FL 33015	<input type="checkbox"/>	<input type="checkbox"/>
SVP	LINS, MAURICIO N	555 NE 34 ST #2706	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
	SAME	6065 NW 167th ST. STE. B-19	MIAMI FL 33015	<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: *Mauricio Lins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/01

Date

Daytime Phone #

0209718

CR2E034 (10/00)