

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91591 023 ***150.00

DOCUMENT # P00000087894

1. Entity Name
THANKS A LATTE, INC.

Principal Place of Business
1878 NW 74TH AVENUE
PEMBROKE PINES FL 33024

Mailing Address
1878 NW 74TH AVENUE
PEMBROKE PINES FL 33024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALENTE, JOHN
9224 NEPTUNE BASIN CT
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
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

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, 2002 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	CEOP	<input type="checkbox"/> Delete
NAME	MARLIN, KEVIN	
STREET ADDRESS	1878 NW 74 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	V	<input type="checkbox"/> Delete
NAME	VALENTE, JOHN	
STREET ADDRESS	9224 NEPTUNE BASIN CT	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kevin Marlin, CEO/President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
Date

954-274-2751
Daytime Phone #

CR2E034 (9/01)