FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91602 041 ***150.00

DOCUMENT # P01000089778 ✓

1. Entity Name
Tio Liborio Inc.

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674208

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2. Principal Place of Business	3. Mailing Address
8240 E. Causeway Blvd.	8240 E. Causeway Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Fl.	City & State: Tampa, Fl.
Zip: 33619 Country: U.S.A	Zip: 33609 Country: USA

4. FEI Number 59-374-7864 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**
Name: VERONICA POSADA
Street Address (P.O. Box Number is Not Acceptable): 2723 W. Gray St.
City: Tampa **FL** Zip Code: 33609

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENTma	TITLE	
NAME	ROGER LIMA	NAME	
STREET ADDRESS	2723 W. Gray St.	STREET ADDRESS	
CITY-ST-ZIP	Tampa, Fl. 33609	CITY-ST-ZIP	
TITLE	Vice-President	TITLE	
NAME	Veronica POSADA	NAME	
STREET ADDRESS	2723 W. Gray St.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, Fl. 33609	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Veronica Posada 5/22/02 813-623-1318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #