

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90063 023 \*\*\*550.00

MMARS 03 11

**DOCUMENT #** P02000126685

1. Entity Name  
**TINTA Y CAFE, INC.**



Principal Place of Business  
**301 OCEAN DRIVE SUITE 504  
MIAMI BEACH FL 33139**

Mailing Address  
**301 OCEAN DRIVE SUITE 504  
MIAMI BEACH FL 33139**



2. Principal Place of Business  
**276 SW 8 Street**

3. Mailing Address  
**301 Ocean Dr.**

Suite, Apt. #, etc.  
**#504**

CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

City & State  
**Miami Beach, FL**

Zip  
**33130**

Country  
**USA**

Zip  
**33139**

Country  
**USA**

4. FEI Number  
**02-0063605**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SANTAMARINA, NELI**  
**301 OCEAN DRIVE SUITE 504**  
**MIAMI BEACH FL 33139**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SANTAMARINA, NELI	301 OCEAN DRIVE SUITE 504	MIAMI BEACH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELI SANTAMARINA 7/29/03 (305) 538 0661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)