## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## 468710 **DOCUMENT #**

1. Entity Name



## Mar 17, 2003 8:00 am 8 Secretary of State 2 03-17-2003 90090 002 \*\*\*\*

03-17-2003 90090 007 \*\*\*150.00

	TENFRIOES, INC.								
Principal Place 6765 AUSTRAL JUPITER FL 33	ian street	Mailing Address 6765 AUSTRALIAN STI JUPITER FL 33458-384			,	1 YBBIYI BIRIN BIJIR IRDI	1400 t 1400 000 000 8		1611 <b>6</b> 1811 1661
2 Principal Of	lace of Business	3. Mailing Address							
z. Principai Pi	ace of Business	3. Maining Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	4. FEI Number 59-1575005		·	oplied For ot Applicable	
Zìp	Country Zip Cou		Coun	try				\$8.75 Add	
	6. Name and Address of Current	Registered Agent				Name and Address of	4	Agent	
MITCHELL, NOBLE				Namo	ANE	Tte-MITC	hell		
	TRALIAN STREET			Street Addre	ess (P.O. <b>7</b>	OX Number is Not Acc	eptable) 5T	-	Ì
JUPITER F									
				City	PITE	R Fl.	FL	Zip Cod	ie 45
	named entity submits this statement forms of registered agent.	or the purpose of changing	its registere				te of Florida. I am	familiar with,	and accept
,		theel							
SIGNATURE	Signature typed or printed name of registered agent		NOTE: Registere	d Agent signature re	equired when r	reinstating)	DATE		
,	ILE NOW!!! FEE IS \$150.00	1				9. Election Camp			<b>)0</b> May Be
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of					9. Election Camp Trust Fund Cor			00 May Be d to Fees
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND	of State	11.		ΑI	1	itribution. [	Adde	d to Fees
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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: 2

Date

Daytime Phone #