

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90075 038 ***150.00

DOCUMENT # 534451

1. Entity Name
TEN'S RESTAURANT, CORPORATION

Principal Place of Business Mailing Address
1680 W. 62ND ST. **1680 W. 62ND ST.**
HIALEAH FL 33012 **HIALEAH FL 33012**

2. Principal Place of Business 3. Mailing Address
1535 S.W. 191 LANE **1535 S.W. 191 LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pembroke Pines **Pembroke Pines**
 Zip Country Zip Country
FL **33029** **FL** **33029**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1739733** Applied For
 Not Applicable

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
TEN, ROSITA Name **EDWIN TEN**
1680 W 62ND ST Street Address (P.O. Box Number is Not Acceptable)
HIALEAH FL 33012 **1535 S.W. 191 LANE**
 City **Pembroke Pines** **FL** Zip Code **33029**

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]* (NOTE: Registered Agent signature required when reinstalling) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEN, ROSITA		NAME		
STREET ADDRESS	1680 W. 62ND ST.		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEN, EDWIN		NAME	EDWIN TEN	
STREET ADDRESS	1680 W 62ND ST.		STREET ADDRESS	1535 S.W. 191 LANE	
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	S-VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEN, VICTOR L JR.		NAME	VICTOR L TEN JR	
STREET ADDRESS	1680 W 62ND ST.		STREET ADDRESS	1535 S.W. 191 LANE	
CITY-ST-ZIP	HIALHAL FL 33012		CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **305-822-6111**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)