

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90100 046 ***150.00

01 886/3

DOCUMENT # 664229

1. Entity Name

TIGER TIGER TEAHOUSE, INC.

Principal Place of Business

Mailing Address

1125 97 ST
#1
BAY HARBOR FL 33154
US

1125 97 ST
#1
BAY HARBOR FL 33154
US

2. Principal Place of Business

3. Mailing Address

3848 SHIPPING AVE.
Suite, Apt. #, etc.

3848 SHIPPING AVE
Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip 33146 Country USA

Zip 33146 Country USA

4. FEI Number 59-1990145

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

TOM, VINCENT
1125 97 ST.
#1
BAY HARBOR FL 33154

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Vincent Tom, PRES.

4/12/01

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	TOM, BAY OW	
STREET ADDRESS	1080 99 ST B-13	
CITY-ST-ZIP	BAY HARBOR FL 33169	
TITLE	P	<input type="checkbox"/> Delete
NAME	TOM, VINCENT	
STREET ADDRESS	1125 97 ST #1	
CITY-ST-ZIP	BAY HARBOR FL 33164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Date

Daytime Phone #

Vincent Tom, PRES. VINCENT TOM 4/12/01 305.4761110

CR2E034 (10/00)