

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90057 032 ***150.00

DOCUMENT # F00000005530

1. Entity Name
TBH HOLDINGS INC.



Principal Place of Business
C/O CATERING COORDINATION & ADMT
2307 S. DOUGLAS ROAD. NO. 403
MIAMI FL 33145

Mailing Address
C/O CATERING COORDINATION & ADMT
2307 S. DOUGLAS ROAD. NO. 403
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

c/o 8301 Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

City & State

San Antonio, TX

Zip

Country

Zip

Country

78209

USA

4. FEI Number **65-1028308**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Delete
NAME **SCHULTZ, GUILLERMO**
STREET ADDRESS **6116 EXECUTIVE BLVD., SUITE 401**
CITY-ST-ZIP **ROCKVILLE MD 20852**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **GONZALO HEVIA**
STREET ADDRESS **13611 DEERING BAY DR. # 1402**
CITY-ST-ZIP **CORAL GABLES, FL 33158**

TITLE **S** ☒ Delete
NAME **MUFFLY, ROBERT C**
STREET ADDRESS **299 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10171**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **MARIA TERESA HEVIA**
STREET ADDRESS **13611 DEERING BAY DR. # 1402**
CITY-ST-ZIP **CORAL GABLES, FL 33158**

TITLE **AS** ☒ Delete
NAME **KHATCHIKIAN, CARIN V**
STREET ADDRESS **299 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10171**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **LAMPE, FRED**
STREET ADDRESS **2307 SOUTH DOUGLAS ROAD, NO. 403**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE OF REGISTERED AGENT

24/1/03

305-7788845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)