2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Aug 02, 2000 8:00 am Secretary of State **DOCUMENT # F24614** 1. Entity Name TINA, INC. 08-02-2000 90006 045 ***150.00 Principal Place of Business Mailing Address 2250 NE 201 STREET 2250 NE 201 STREET MIAMI FL 33180 MIAMI FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2076370 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KASSMAN, TINA Street Address (P.O. Box Number is Not Acceptable) 2250 NE 201 STREET MIAMI, FL 33180 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE DPS ☐ Delete TITLE Change Addition NAME KASSMAN, TINA NAME STREET ADDRESS STREET ADDRESS 2250 NE 201 STREET CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33180 ☐ Addition ☐ Delete TITLE Change TITLE KASSMAN, TINA NAME NAME STREET ADDRESS STREET ADDRESS 2250 NE 201 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33180 Addition Change TITLE .Delete_ KASSMAN, LARRY NAME NAME STREET ADDRESS 2250 NE 201 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

., P.A. NOON6056

SOBEL, GLACKMAN & SOBEL, P.A.

CERTIFIED PUBLIC ACCOUNTANTS 12000 BISCAYNE BOULEVARD • SUITE 402 MIAMI, FLORIDA 33181-2725

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MARTIN SOBEL, CPA ALAN S. GLACKMAN, CPA CYNTHIA S. SOBEL, CPA

July 25, 2000

State of Florida
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: TINA, INC.-#59-2076370

Dear Sirs:

Enclosed you will find the executed report for the above-captioned taxpayer together with payment in the amount of \$150. The taxpayer has no record of having received the original business report form for which the annual fee would be \$150.

I believe a review of your records would indicate that the annual report was always filed in a timely fashion and would have been so filed for the year 2000 as it had been received.

We respectfully request that you review the record of the taxpayer and accept the enclosure with respect to the filing for the current year. Thank you for your courtesy and cooperation in this matter.

Very truly yours,

SØBEL, GLAÇKMAN & SOBEL, P.A.

Martin Sobel

Certified Public Accountant

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Enclosure