


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90131 040 \*\*\*\*61.25

**DOCUMENT # N00000004972**

1. Entity Name  
**TINA ALF INC**



Principal Place of Business  
**20501 NW 28 CT  
CAROL CITY FL 33056**

Mailing Address  
**20501 NW 28 CT  
CAROL CITY FL 33056**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 55-2645**  
Suite, Apt. #, etc.  
**Miami FL**  
City & State  
City & State

4. FEI Number **65-0892847**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip **33055** Country **Miami-Dade**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**CARSWELL, CLEMENTINA  
20501 NW 28 CT  
CAROL CITY FL 33056**

7. Name and Address of New Registered Agent  
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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>CARSWELL, CLEMENTINA</b>	
STREET ADDRESS	<b>20501 NW 28 CT</b>	
CITY-ST-ZIP	<b>CAROL CITY FL 33056</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>ABEL, VIRGINIA</b>	
STREET ADDRESS	<b>4320 S.W. 24 ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>POWELL, IDA</b>	
STREET ADDRESS	<b>2619 MAYO ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Clementina Carswell* *Clementina CARSWELL*  
**SIGNATURE REQUIRED** 1/4/03 305-622-7110

CRCE037 (10/02)