

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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|---|---|--|-----------------------|
| DOCUMENT # <u>P00000036425</u> | | | |
| 1. Entity Name <u>Tango & Casa Deliveries Inc.</u> | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business <u>7700 NW 74 ave:</u> | | 3. Mailing Address <u>7700 NW 74 ave:</u> | |
| Suite, Apt. #, etc. <u>1A</u> | | Suite, Apt. #, etc. <u>1A</u> | |
| City & State <u>Medley</u> | | City & State <u>Medley</u> | |
| Zip <u>33166</u> | Country <u>USA</u> | Zip <u>33166</u> | Country <u>USA</u> |
| 4. FEI Number <u>65-0999872</u> | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 7. Name and Address of Current Registered Agent | | | |
| Name <u>GUSTAVO SCORDAMAGLIA</u> | | | |
| Street Address (P.O. Box Number is Not Acceptable) <u>285 NW 58 St.</u> | | | |
| City <u>Miami</u> | | FL | Zip Code <u>33126</u> |
| 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 <u>GUSTAVO SCORDAMAGLIA</u> | | DATE <u>05/28/02</u> | |
| (NOTE: Registered Agent signature required when reinstating) | | | |
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>GUSTAVO SCORDAMAGLIA - President</u> <u>285 NW 58 St.</u> <u>Miami, FL 33126</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>MABEL SCORDAMAGLIA - Treasurer</u> <u>285 NW 58 St.</u> <u>Miami, FL 33126</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u>GUSTAVO SCORDAMAGLIA</u> | | DATE <u>05/28/02</u> (786) 402-3963 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

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CR2E034B (12/01)