

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90240 035 \*\*\*150.00

**DOCUMENT # P00000053959**

1. Entity Name  
**TENDENZE-ARQUETIPO INC.**

Principal Place of Business  
**3573 S.W. 173RD TERRACE**  
**MIRAMAR FL 33029**

Mailing Address  
**3573 S.W. 173RD TERRACE**  
**MIRAMAR FL 33029**

2. Principal Place of Business  
**373 ARAGON AVE.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3573 S.W. 173RD TERRACE**  
 Suite, Apt. #, etc.

City & State  
**CORAL GABLES FL**  
 Zip  
**33134**

City & State  
 Zip  
 Country

4. FEI Number  
**65-1034323**

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

**ALIBRANDI, ALBERTO**  
**3573 S.W. 173RD TERRACE**  
**MIRAMAR FL 33029**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	ALIBRANDI, NICOLE	3573 S.W. 173RD TERRACE MIRAMAR FL 33029				
	D	ALIBRANDI, LUIS ANDRES	3573 S.W. 173RD TERRACE MIRAMAR FL 33029				
	D	ALIBRANDI, ALBERTO	3573 S.W. 173RD TERRACE MIRAMAR FL 33029				

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: Alberto Alibrandi  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01  
 Date

Daytime Phone #

CR2E034 (10/00)