

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90259 044 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000055700

1. Entity Name
TIC TAC, INC.



Principal Place of Business
**1675 W. 49TH PLACE
 HIALEAH, FL 33012**

Mailing Address
**1675 W. 49TH PLACE
 HIALEAH, FL 33012**

2. Principal Place of Business

3. Mailing Address

7075 N.W. 173RD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 1406

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33015

USA

4. FEI Number

65-1017423

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

**AZZA, TANIA
 1675 W. 49TH PLACE
 HIALEAH, FL 33012**

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

Tania Azza

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04-29-03

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 NAME STREET ADDRESS CITY-ST-ZIP	PD AZZA, TANIA 1675 W. 49TH PLACE HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

SIGNATURE:

Tania Azza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-03

Date

Daytime Phone #

CH2E034 (10/02)