

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90157 013 ***150.00

DOCUMENT # *P000000087664*

1. Entity Name:

TIRTO ENTERPRISES, INC



DO NOT WRITE IN THIS SPACE

10065136

2. Principal Place of Business

6737 AZALEA DR. MIRAMAR, FL 33023

Suite, Apt. #, etc.

3. Mailing Address

6737 AZALEA DR. MIRAMAR, FL 33023

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1055231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *TIRTO WIDJOTO, ISMIATI*

Street Address (P.O. Box Number is Not Acceptable)

6737 AZALEA DR

City *MIRAMAR*

FL

Zip Code *33023*

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *D*
NAME *TIRTO WIDJOTO, ISMIATI*
STREET ADDRESS *6737 AZALEA DR*
CITY-ST-ZIP *MIRAMAR, FL 33023*

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-03 *954-973-1819*

CR2E034B (12/02)