

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

04-30-2001 90432 048 ***150.00

DOCUMENT # P00000087894			
1. Entity Name THANKS A LATTE, INC.			
Principal Place of Business 5616 POLK ST HOLLYWOOD FL 33021		Mailing Address 5616 POLK ST HOLLYWOOD FL 33021	
2. Principal Place of Business 1878 NW 74 Ave		3. Mailing Address 1878 NW 74 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33024	Country U.S.A.	Zip 33024	Country U.S.A.
6. Name and Address of Current Registered Agent VALENTE, JOHN 9224 NEPTUNE BASIN CT BOCA RATON FL 33434		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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 <u>KEVIN MARLIN, Pres. Kevin Marlin, Pres. 4/24/01</u> <small>Signature, typed or printed name of registered agent and file number code (NOTE: Registered Agent signature required when amending) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	CEOP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLIN, KEVIN	NAME	
STREET ADDRESS	5616 POLK ST	STREET ADDRESS	1878 NW 74 Ave
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTE, JOHN	NAME	
STREET ADDRESS	9224 NEPTUNE BASIN CT	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>KEVIN MARLIN, Pres. Kevin Marlin, Pres. 4/24/01 954-661-6999</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>			



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)