

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

FILED

DOCUMENT # *P000000 92178*

02 NOV -7 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

TINA INVESTMENTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7100 SW 12 ST

Suite, Apt. #, etc.

3. Mailing Address

The same

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33144

Country

MIAMI FL

Zip

Country

4. FEI Number

65-1048306

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ruben Rodriguez

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

7100 SW 12 ST

City

MIAMI

FL

Zip Code

33144

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

X [Signature] Ruben Rodriguez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/8/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

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.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>RUBEN RODRIGUEZ</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT Ruben Rodriguez 7100 SW 12 ST MIAMI FL 33144</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>100008352971-0000 -10/14/02-01023-003 ***150.00 ***150.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DO NOT WRITE IN THIS SPACE</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/02 (786) 285 5725

Date

Daytime Phone #

BR2034B (12/01)