

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90128 036 ***158.75

DOCUMENT # P00000102008

1. Entity Name
T.P. INTERNATIONAL, INC.



Principal Place of Business
2723 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address
2723 HOLLYWOOD BLVD.
- HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1051739

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

PIEDRA, AURELIO A
780 N.W. LE FUNE RD. #516
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

N/A

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.

N/A

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PVST
NAME LOPEZ, ANA MARIA
STREET ADDRESS 2723 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD FL 33020 ☒ Delete

TITLE D
NAME LOPEZ, ANA MARIA
STREET ADDRESS 2723 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD FL 33020 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME QUARTA, HECTOR C Q
STREET ADDRESS 151 CRANSON BLVD APT 1036
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Change ☒ Addition

TITLE VS
NAME PERESA, ANA MARIA
STREET ADDRESS 151 CRANSON BLVD APT 1036
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Change ☒ Addition

TITLE V
NAME DE AGUIRRE, ANA RAQUEL
STREET ADDRESS 151 CRANSON BLVD APT 1036
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Change ☒ Addition

TITLE V
NAME ARDO, RICARDO
STREET ADDRESS 151 CRANSON BLVD APT 1036
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Change ☒ Addition

TITLE V
NAME BRAUN SEBASTIAN
STREET ADDRESS 151 CRANSON BLVD APT 1036
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Change ☒ Addition

TITLE V
NAME DE AGUIRRE, SOLEDAD
STREET ADDRESS 151 CRANSON BLVD APT 1036
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Change ☒ 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 like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-03 305-443-7122

CR2E034 (10/02)