2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90637 047 ***150.00

DOCUMENT # P00000103149

1. Entity Name
TYN ONE INC.
D/B/a DOLLAR 4 U

Principal Place of Business	Mailing Address
10417 NW 41 STREET MIAMI, FLORIDA 33178	SAME

2. Principal Place of Business: 10417 NW 41 STREET
Suite, Apt. #, etc.:
City & State: MIAMI, FL
Zip: 33178
Country: DADE

3. Mailing Address: 2750 NE ~~SAME~~ 183 STREET
Suite, Apt. #, etc.: 201
City & State: AVENTURA, FL
Zip: 33160
Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1053390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
EDWARD J. ABRAMSON, ESQ.
AIRPORT EXECUTIVE TOWER 2
7270 NW 12 ST, SUITE 580
MIAMI, FL 33126

7. Name and Address of New Registered Agent
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.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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: ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NADEZHDA MORENO ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, SECRETARY NADEZHDA MORENO APT 2750 NE 183 STREET 201 AVENTURA, FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] NADEZHDA MORENO 05-16-01 305-332-4075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #