

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90207 034 ***150.00

DOCUMENT # P01000025120

1. Entity Name

TENDER KRUST PATTY INC.

Principal Place of Business

**11380 CORAL BAY DRIVE
 BOCA RATON FL 33498**

Mailing Address

**11380 CORAL BAY DRIVE
 BOCA RATON FL 33498**

2. Principal Place of Business

4938 N. UNIVERSITY DR.
 Suite, Apt. #, etc.

3. Mailing Address

4938 N. UNIVERSITY DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERHILL FL

City & State

LAUDERHILL, FL 33321

4. FEI Number

65-1098724

Applied For

Not Applicable

Zip

33321

Country

BROWARD

Zip

33321

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMALL, WILBERT
 5565 NORTH STATE ROAD 7
 FT LAUDERDALE FL**

7. Name and Address of New Registered Agent

Name **DONALD PATRICK HENRIQUES QUALLO**
 Street Address (P.O. Box Number is Not Acceptable)
11380 CORAL BAY DRIVE
 City **BOCA RATON** FL Zip Code **33498**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HENRIQUES QUALLO, DONALD PATRICK 11380 CORAL BAY DRIVE BOCA RATON FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HENRIQUES QUALLO, CLAUDETTE M 11380 CORAL BAY DRIVE BOCA RATON FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HENRIQUES QUALLO, DAMIAN OMAR 11380 CORAL BAY DRIVE BOCA RATON FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HENRIQUES QUALLO, TERRY ANNMARIE 11380 CORAL BAY DRIVE BOCA RATON FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRIQUES QUALLO, AMANDA-MAE E 11380 CORAL BAY DRIVE BOCA RATON FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.02 (954)578-7555
 Date Daytime Phone #

CR2E034 (9/01)