

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030573

1. Entity Name
TUNDISI ENTERPRISES, INC

Principal Place of Business
2750 NE 183RD STREET
NO. 1612
AVENTURA FL 33160-2121

Mailing Address
2750 NE 183RD STREET
NO. 1612
AVENTURA FL 33160-2121

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
65-1107038

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, BERTA M
9550 NW 77 AVE., SUITE 3
HIALEAH GARDENS FL 33016

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TUNDISI, MARIO
2750 NE 183RD STREET NO. 1612
AVENTURA FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

02 JUN 21 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

BERTA M. SANDERS, C.P.A.

CERTIFIED PUBLIC ACCOUNTANT

9550 N.W. 77 Avenue, Suite 3
Hialeah Gardens, Florida 33016

Phone (305) 512-3782
Fax (305) 556-6987
E-mail bsanders@laker.net

June 17, 2002

Division Of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl. 32302-1500

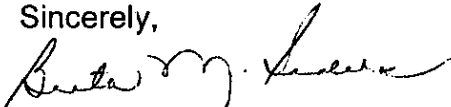
Re: Tundisi Enterprises, Inc. EIN: 65-1107038
2750 NE 183rd Street
Aventura, Fl. 33160

Dear Division of Corporations:

The above captioned did not renew his corporate annual report on time because, as a foreigner, had not been in the country since November of 2001.

Kindly waive any penalties owed on this corporation. Thank you for your consideration.

Sincerely,



Berta M. Sanders, CPA