FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90450 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038579

1. Entity Name
Thaino's. Enterprises, Inc

0 3 8 9 9 0

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
554 SW 6th St #1
Suite, Apt. #, etc.
Miami Fla
City & State
Zip 33130 Country Miami Dade

3. Mailing Address
554 SW 6th St #1
Suite, Apt. #, etc.
City & State
Miami Florida
Zip 33130 Country Miami Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1096373 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Arturo Barata.
Street Address (P.O. Box Number is Not Acceptable) 554 SW 6 St #1
City Miami FL Zip Code 33130

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) ☐

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	President
NAME	Arturo B Barata
STREET ADDRESS	554 S.W. 6th St #1
CITY-ST-ZIP	Miami FL 33130
TITLE	Secy Treas
NAME	Sandra Balonso
STREET ADDRESS	554 SW 6th St. #1
CITY-ST-ZIP	Miami FL 33130
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NAME	
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CR2E034B (12/01)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/24/02 Daytime Phone #