

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000040179  
1. Entity Name  
T&T MANAGEMENT and Services INC.



FILED  
03 JAN 22 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
17030 SW 142 PL  
Suite, Apt. #, etc.

3. Mailing Address  
17030 SW 142 PL  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami FL  
Zip  
33177 Country  
USA

City & State  
Miami FL  
Zip  
33177 Country

4. FEI Number  
65-1096144

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  
MARIA J. TORRES

Street Address (P.O. Box Number is Not Acceptable)

17030 SW 142 PL

City  
Miami FL Zip Code  
33177

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.

SIGNATURE x Maria Jose Torres

(NOTE: Registered Agent signature required when reinstating)

Enero - 21, 2003

DATE

January 1 - May 1 Fee is \$450.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE-PRESIDENT  
FRANCISCO TORRES  
1515 SW 164 CT  
MIAMI FL 33193

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800010435558  
01/22/03--01107--005 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800010435558  
01/22/03--01107--004 \*\*150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: x Maria Jose Torres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enero - 21, 2003  
Date Daytime Phone #

CR2E034B (12/02)