

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90438 001 ***150.00

DOCUMENT # **PO1000059175**
 Entity Name
TET Enterprises USA, Inc.

Principal Place of Business
12721 116th Lane N.
Largo, FL, 33778-1540
 Mailing Address

Principal Place of Business
12721 116th Lane N.
 Suite, Apt. #, etc.
 City & State
Largo, FL

City & State
Largo, FL
 Country
USA
 Zip
33778
 Country

4. FEI Number
59-3724740
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Accounting & Tax Help, Inc.
12721 116th Lane N.
Largo, FL, 33778-1540

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

I, 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.
 State: **FL** Zip Code

Signature typed or printed name of registered agent and title if applicable (Note: Registered Agent signature required when reinstating)
 DATE

Corporation is eligible to satisfy its intangible tax requirement and elects to do so. (Criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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**

OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete	D. Hall, Torrez 12721 116th Lane N. Largo, FL, 33778-1540
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<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 checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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

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

SIGNATURE: **X Torrez Hall**
Torrez Hall
 Date: **04-30-01**
 Daytime Phone #

CRSE034 (9/99)