2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000061396

Entity Name: TEAROR INC

FILED Apr 28, 2003 Secretary of State

Entity Name: TEAROB, INC.	
Current Principal Place of Business:	New Principal Place of Business:
2061 N.W. 188TH TERRACE OPA LOCKA, FL 33056	7116 PEMBROKE ROAD MIRAMAR, FL 33023
Current Mailing Address:	New Mailing Address:
2061 N.W. 188TH TERRACE OPA LOCKA, FL 33056	7116 PEMBROKE ROAD MIRAMAR, FL 33023
FEI Number: 65-1127985 FEI Number Applied For() FEI Num	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
MARTIN, CECILE A PA 18350 N.W. 2ND AVENUE FIFTH FLOOR MIAMI, FL 33169 US	
The above named entity submits this statement for the purpose on the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete	Title: D (X) Change () Addition

ROBINSON, ANTHONY

OPA LOCKA, FL 33056

2061 NW 188TH TERRACE

Name:

Address:

City-St-Zip:

DESNOES-ROBINSON, MORI P DESNOES-ROBINSON, MORI P Name: Name: 2061 N.W. 188TH TERRACE Address: 4626 S.W.186TH WAY Address: City-St-Zip: OPA LOCKA, FL 33056 City-St-Zip: MIRAMAR, FL 33029

Title: () Delete Title: (X) Change () Addition Name:

ALLISON, MYRNA V ALLISON, MYRNA V Name: Address: 2061 N.W. 188TH TERRACE Address: 4626 S.W. 186TH WAY OPA LOCKA, FL 33056 MIRAMAR, FL 33029 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

Name: ROBINSON, ANTHONY R Address: 4626 S.W. 186TH WAY City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY ROBINSON D 04/28/2003