

FILED
Aug 25, 2002 8:00 am
Secretary of State

02-24-2002 90088 007 ***150.00
 07-24-2002 90153 001 ***500.00
 07-24-2002 90153 002 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075576

1. Entity Name
TERESITA OF SOUTH FLORIDA ENTERTAINMENT, INC.

Principal Place of Business 10791 SW 88 STREET #1058 MIAMI FL 33176	Mailing Address 10791 SW 88 STREET #1058 MIAMI FL 33176
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2. Principal Place of Business 10791 SW 88 ST Suite, Apt. #, etc. 107 B	3. Mailing Address 10791 SW 88 STREET Suite, Apt. #, etc. 107 B
City & State Miami FL	City & State Miami FL
Zip 33176	Zip 33176
Country FL	Country USA

4. FEI Number
65-1010436

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ELIDONDO, LISBETH
 10791 SW 88 STREET #1058
 MIAMI FL 33176

7. Name and Address of New Registered Agent
 Name: **Elisondo Lisbeth**
 Street Address (P.O. Box Number is Not Acceptable)
10791 SW 88 ST # 1058
 City: **Miami** FL Zip Code: **33176**

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: [Signature] (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. **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
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	PTD ELIDONDO, LISBETH 10791 SW 88 STREET #1058 MIAMI FL 33176	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] **SIGNATURE REQUIRED** Date: 7/8/02 Daytime Phone # _____

CR2E034 (4/02)