

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90303 033 ***158.75

DOCUMENT # P01000106090

1. Entity Name
TWO-CAN TICO BAR, INC.



Principal Place of Business
**TIKI HUT, OCEAN WALK MALL
101 NORTH OCEAN DRIVE
HOLLYWOOD FL 33019**

Mailing Address
**1400 N 69 AVE
HOLLYWOOD FL 33024**

2. Principal Place of Business

3. Mailing Address
14230 GLENCAIRN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI LAKES, FL

4. FEI Number
65-1158583

Applied For
Not Applicable

Zip

Country

Zip
33016

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEITRA, RAYMOND ESQ
900 WEST 49TH STREET #430
HIALEAH FL 33012**

Name
ANTOLIN H. GARCIA VALINOTTI
Street Address (P.O. Box Number is Not Acceptable)
14230 GLENCAIRN RD
City
MIAMI LAKES FL 33016

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 **ANTOLIN H. GARCIA VALINOTTI**

4/15/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
VALINOTTI, ANTOLIN G
1501 S OCEAN DRIVE
HOLLYWOOD FL 33020** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT/DIRECTOR
ANTOLIN G. VALINOTTI
14230 GLENCAIRN RD
MIAMI LAKES, FL 33016** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BARROSO, ULISES
1400 N 69 AVE
HOLLYWOOD FL 33024** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4/15/03

305 308-3779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)