05/01/2002 09:46 9549621021 KOCH REISS & C

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91758 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106906

1. Entity Name

TUCHAS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1815 E COMMERCIAL BLVD	1815 E COMMERCIAL BLVD
Suite, Apt. #, etc.: SUITE 106	Suite, Apt. #, etc.: SUITE 106
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33308 Country: USA	Zip: 33308 Country: USA

DO NOT WRITE IN THIS SPACE

65-1149905

4. FEI Number [redacted] ☐ 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: MURRAY ROSENBAUM

Street Address (P.O. Box Number is Not Acceptable): 4523 NW 26TH PLACE

City: BOCA RATON FL Zip Code: 33434

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D
NAME	MURRAY ROSENBAUM
STREET ADDRESS	4523 NW 26TH PLACE
CITY - ST - ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	ROBIN SEVERIN
STREET ADDRESS	4523 NW 26TH PLACE
CITY - ST - ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
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CR2E034B (12/01)

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

SIGNATURE: _____ MURRAY ROSENBAUM 5/1/2002 954-491-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1