2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106906

1. Entity Name TUCHAS, INC.



FILED Mar 28, 2003 8:00 am \$ Secretary of State 03-28-2003 90082 002 ***150.00

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Suite, Apt. 4, etc.	1815 E COM	MERCIAL BLVD STE 106	1815 E COMMERCIAL BLVD STE 106				:12		
Suite, Apt. #, side. City & State	2. Principal F	Place of Business	3. Mailing Address	Av-					
City & State Country			5. Maining Address						
Zip Country Zip Country Signature Services Servi	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
Country Country Cip Country S. Cartificate of Status Desired S. 7.5 Additional Foo Republication Foo Republica	City & State		City & State		<u>4</u>	65-1149905	_ —]-
1. Name and Address of Current Registered Agent	Zip Country		Zip Country		5. (Certificate of Status Desired	\$8.75 A	dditional red	1
ROSENBAUM, MURRAY 4523 N.W. 28TH PLACE BOCA RATON FL 33434 City FL Zip Code 6. The above named entity \$\tilde{s}\$, birmids this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipatons of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children of registered agent, or both, in the State of Florida. Signature between the children of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with		6. Name and Address of Currer	nt Registered Agent		7. 1	Name and Address of New Registered			1
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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. Signary File Property				Street Address	s (P.O. B	(P.O. Box Number is Not Acceptable)			
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SignATURE Y		, ' 		City	<u> </u>	<u> </u>	Zip Co	de	┪
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PROSENBAUM, MURRAY STREET ADDRESS STREET ADDRESS CITY-ST-2P BOCA RATON FL 33434 TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P Change Addition NAME STREET ADDR	8. The above	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regist	tered ag		_ ,	, and accept	-
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Atter May 1, 2003 Fee will be \$55.00 May Be Added to Florida Department of State 10.	<u> </u>		nt and title if applicable. (NOTE	Registered Agent signature requir	red when re	instating) DATE			1
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		ertify that the information supplied wit	h this filing does not qualify for		Section 1	19.07(3)(i) Florida Statutes I further co	rtify that the	information	1

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:

Daytime Phone #