2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

				'	;	iii han		
DOCUMENT # P0200002214 1. Entity Name					FILED			?
RTAZ COI	NSULTING SERVICES, IN	C.				-6 AM 8:31		
Principal Place		Mailing Address 1521 ALTON RD #460			SECRETA TALLAHA	ARY OF STATE SSEE FLORIDA	•	
MIAMI BEACH	FL 33139	MIAMI BEACH FL 33139						
2. Principal Pl	lace of Business	3. Mailing Address 900 Fuchid A		_		8511 88111 88118 12818 1288 12 	AN 100 (01)	
Suite, Apt.		Suite, Apt. #, etc.		RE	NST OFECK HEREIN	MANUGECH MIGES	04	
City & State	9	City & State		4. FE	I Number		plied For	
<u>Miami '</u>	Beach FU	Mami Bead	Country	F. Co	30-00/2	_ \$8.75 Add	t Applicable litional	
	33134 -	18 33135		_	ertificate of Status Desired	Fee Required	i	
	6. Name and Address of Curre	nt negistered Agent	Name			natered Agent		
	TE CREATIONS NETWORK INC	;		C/CHAND ddress (P.O. Box	x Number is Not Acceptable)			
941 FOURTH STREET #200 MIAMI BEACH FL 33139				200 S	reliat Aut #	<u> </u>	07	
mir uni oci	1011 1 2 00 100		City	· "()	0	FL Zip Code		
8. The above	named entity submits this statemen	for the purpose of changing its reg	gistered office or	registered ager	nt, or both, in the State of Floric	·	and accept	
,	ions of registered agent.	Pichard	To	_	_	12/31/03	1	
SIGNATURE .	Signature, typed or printed in the or registered ag	pent and title if applicable. (NOTE: Re	egistered Agent signati	ure required when rein	stating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Departmen	•			Election Campaign Finar Trust Fund Contribution.		May Be to Fees	
10.		ND DIRECTORS	11.		DITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS		ī
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESMER, RICHARD 1521 ALTON RD #460 MIAMI BEACH FL 33139	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		lesmer liel Ave #9 each, FL 33139	Lin change	Addition Section	2027 450
TITLE	WILLIAM BEACHTE 33133	☐ Delete	TITLE	VICE Pres	sident	☐ Change	Maddition 2	ž
NAME STREET ADDRESS CITY-ST-ZIP	,		NAME STREET ADDRESS CITY-ST-ZIP		Arelland id Aue #9 Beach 33139			
TITLÉ		· Délete	TITLE	MATTER TO	3 <u>000</u>	- Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street Address City-St-Zip	1	8000261 9 01/06/04-01082	90808 809 **900.0	פֿונ	
TITLE		Delete	TITLE			☐ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			Change	Addition	
title Name		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated of the col	Certify that the information supplied fon this report or supplemental report poration or the receiver or trustee e	with this filing does not qualify for th ort is true and accurate and that my mpowered to execute this report as	e exemption sta signature shall h required by Cha	ated in Section 1 have the same leapter 607, Florid	19.07(3)(i), Florida Statutes. I f egal effect as if made under oa ia Statutes; and that my name	urther certify that the in th; that I am an officer appears in Block 10 or	nformation or director r Block 11 if	