

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000014025

1. Entity Name
MILK N' HONEY TEA ROOM, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90216 045 ***150.00

0458315
AV

Principal Place of Business
2003 JOROME DR
TAMPA FL 33612

Mailing Address
2003 JOROME DR
TAMPA FL 33612

11034206



2. Principal Place of Business

3. Mailing Address

2094 W. Busch Blvd.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Tampa FL

SAME

4. FEI Number

Applied For

30-0053846

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALENTI, ANA
2003 JOROME DR
TAMPA FL 33612

Name

Milk n' Honey TEA Room

Street Address (P.O. Box Number is not acceptable)

2094 W. Busch Blvd

City

Tampa

FL

Zip Code

33612

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 Ana Valenti (Milk n' Honey TEA Room) DATE 4/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
D VALENTI, ANA - owner
2003 JOROME DR
TAMPA FL 33612

☐ Delete

Home Address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ana Valenti - owner
Milk n' Honey TEA Room
2094 W. Busch Blvd.
TAMPA FL 33612

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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:

ANA Valenti 4/28/03 (213)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)