

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90114 022 ***150.00

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DOCUMENT # P02000029982

1. Entity Name
A TABLESCAPE RENTAL CORPORATION



Principal Place of Business
**454 NW 22ND AVE STE 209
MIAMI FL 33125**

Mailing Address
**454 NW 22ND AVE STE 209
MIAMI FL 33125**



2. Principal Place of Business
4901 SW 74CT
Suite, Apt. #, etc.

3. Mailing Address
4901 SW 74CT
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip
33155 Country
US

City & State
MIAMI FL
Zip
33155 Country
US

4. FEI Number
72523777 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**A1A CORPORATE SERVICES INC
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name
KATIUSKA DIAZ
Street Address (P.O. Box Number is Not Acceptable)
4901 SW 74 CT
City
MIAMI FL Zip Code
33155

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 *[Signature]* DATE **4/28/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CONGRAINS, VICTOR J ☒ Delete
21925 SW 194 AVE
MIAMI FL 33170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
CONGRAINS, MARIELA C ☒ Delete
21925 SW 194 AVE
MIAMI FL 33170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☐ Change ☒ Addition
KATIUSKA DIAZ
4901 SW 74 CT MIAMI FL 33155

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

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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]* DATE **4/28/03** 3056636636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)