

**FILED**  
**Sep 18, 2003 8:00 am**  
**Secretary of State**

09-18-2003 90031 007 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000074535</b> 1. Entity Name <b>TEA FOR TWO, INC.</b>			
Principal Place of Business 1500 SAN REMO AVE., SUITE 177 CORAL GABLES, FL 33146		Mailing Address 1500 SAN REMO AVE., SUITE 177 CORAL GABLES, FL 33146	
2. Principal Place of Business 1205 17th Street Suite, Apt. #, etc.		3. Mailing Address 1205 17th Street Suite, Apt. #, etc.	
City & State Miami Beach, FL Zip 33139		City & State Miami Beach, FL Zip 33139	
Country USA		Country USA	
<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES			
4. FEI Number 04-3708774		Applied For Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARED AND ASSOC., P.A. 1500 SAN REMO AVE., SUITE 177 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name: <u>STAVAN K. SCHWARTZ, PA</u> Street Address (P.O. Box Number is Not Acceptable): <u>801 NE 167 St. 2nd Floor</u> City: <u>N. Miami Beach</u> FL Zip Code: <u>33162</u>	
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when changing)</small>		DATE: <u>9/15/03</u>	
9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
10. OFFICERS AND DIRECTORS (continued)		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <u>D</u> NAME: <u>KAHN, RENE</u> STREET ADDRESS: <u>1500 SAN REMO AVE., SUITE 177</u> CITY-ST-ZIP: <u>CORAL GABLES, FL 33146</u>		TITLE: <u>President</u> NAME: <u>Kahn, Renee</u> STREET ADDRESS: <u>1300 Collins Ave., #206</u> CITY-ST-ZIP: <u>Miami Beach FL 33139</u>	
TITLE: <u>D</u> NAME: <u>KAHN, ALLISON</u> STREET ADDRESS: <u>1500 SAN REMO AVE., SUITE 177</u> CITY-ST-ZIP: <u>CORAL GABLES, FL 33146</u>		TITLE: <u>Secretary</u> NAME: <u>Kahn, Allison</u> STREET ADDRESS: <u>547 Kings Highway</u> CITY-ST-ZIP: <u>Brooklyn, NY 11223</u>	
TITLE: <u>D</u> NAME: <u>BRESLER, ALLAN</u> STREET ADDRESS: <u>1500 SAN REMO AVE., SUITE 177</u> CITY-ST-ZIP: <u>CORAL GABLES, FL 33146</u>		TITLE: <u>Vice President</u> NAME: <u>Bresler, Alan</u> STREET ADDRESS: <u>1205 17th Street</u> CITY-ST-ZIP: <u>Miami Beach, FL 33139</u>	
TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>		TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	
TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>		TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	
TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>		TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>9/12/03</u> OFFICE PHONE: <u>305 672 0565</u>	

CRREC034 (10/02)

Attachment#  
LAW OFFICES OF  
**STEVEN K. SCHWARTZ, P.A.**

801 NORTHEAST 167TH STREET  
SECOND FLOOR  
NORTH MIAMI BEACH, FLORIDA 33162

TELEPHONE: (305) 455-2040.  
TELECOPIER: (305) 455-2049  
E-MAIL: STEVESCHWARTZ45@MSN.COM

STEVEN K. SCHWARTZ

ADMITTED IN FLORIDA, NEW YORK AND NEW JERSEY

LEGAL ASSISTANTS  
ILEANA CASTILLO  
SARAH GROSS  
SHAUN GELVEZ

September 12, 2003

Florida Department of State  
Division of Corporations  
Corporate Filings

P.O. Box 6327  
Tallahassee, FL 32314

Re: Tea for Two, Inc.  
Uniform Business Report

To Whom It May Concern:

I recently began representing this corporation. In connection certain matters, we learned that the registered agent, who was also the lawyer that formed the corporation, used his own address for the principal place of business, the mailing address, the address of the registered agent, and the addresses of all the directors.

Accordingly, the corporation had no actual notice of the requirement of the uniform business report. I spoke with Tina, in your office, yesterday afternoon, and she explained that if there was no actual notice, then the late fee for filing the uniform business report could be waived. Therefore, I respectfully request that you waive the late fees.

Enclosed please find a completed Uniform Business Report, together with a check payable to the Florida Department of State for \$150.

Thank you for your courtesies and assistance. Please contact this office with any questions or concerns.

Very truly yours,

STEVEN K. SCHWARTZ, P.A.

Steven K. Schwartz  
For the firm

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PO2000074535