


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

**FILED**  
03 DEC 23 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **902000094621**

1. Entity Name  
**THOMAS & TITORE MGMT, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1434 S. POWERLINE Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1434 S. POWERLINE Rd.**  
Suite, Apt. #, etc.

**REINSTATEMENT** **03**  
DO NOT WRITE IN THIS SPACE

City & State  
**POMPANO BEACH, FL**

City & State  
**POMPANO BEACH, FL**

Zip  
**33069** Country  
**USA**

Zip  
**33069** Country  
**USA**

4. FEI Number  
**46-0500505**

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Soye Thomas**

Street Address (P.O. Box Number is Not Acceptable)  
**1434 S. POWERLINE ROAD**

City  
**POMPANO BEACH, FL** Zip Code  
**33069**

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: **12/18/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 <b>PRESIDENT / OWNER SOYE THOMAS 1434 S. POWERLINE Rd POMPANO BEACH, FL 33069</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>200025821852 12/30/03-01004-012 **150.00</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **12/18/03** DAYTIME PHONE #: **954-977-5434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

December 18, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Thomas & Tijore Mgmt, Inc.  
FEI# 46-0500505

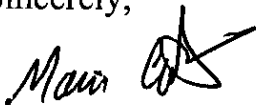
Dear Agent,

Enclosed you will find a check for \$150.00 for the Uniform Business Report filing for Thomas & Tijore Mgmt. Inc dba Madras Cafe. The corporate officers did not receive a prior notice to file with the state. The place of business for the corporation has changed and mail may have gotten lost. The correct address is as follows:

Thomas & Tijore Mgmt, Inc. dba Madras Café  
1434 S. Powerline Rd.  
Pompano Beach, FL 33069

We are asking you to waive the late filing penalty since we did not receive the first notice. I am the accountant and you can contact me at (954) 972-9665 if you have any questions or require any additional information. Thank you for your attention to this matter.

Sincerely,



Maria Contouris  
Elite Accounting Services, Inc