

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90331 011 ***150.00

DOCUMENT # P02000102099

1. Entity Name
TATTOO ZONE INC.



Principal Place of Business
11760 S.W. 179TH TER
MIAMI FL 33177

Mailing Address
11760 S.W. 179TH TER
MIAMI FL 33177



2. Principal Place of Business

10240 SW 8th St.

3. Mailing Address

10240 SW 8th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEL Number
03-0489451

Applied For
Not Applicable

Zip
33144

Country
Miami-Dade

Zip
33144

Country
Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRERA, JOSE LUIS
11760 S.W. 179TH TER
MIAMI FL 33177

Name
Street Address (P.O. Box Number is Not Acceptable)
10240 SW 8th Street
City
MIAMI FL Zip Code 33144

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, 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	D	<input type="checkbox"/> Delete
NAME	CARRERA, JOSE LUIS	
STREET ADDRESS	11760 S.W. 179TH TER	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, EDWARD J	
STREET ADDRESS	4501 SW 14TH ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ORTEGA, HILDEGART	
STREET ADDRESS	4501 SW 14TH ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARRERA, MAUREEN	
STREET ADDRESS	11760 S.W. 179TH TER	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10240 SW 8th Street	
STREET ADDRESS	MIAMI, FL. 33144	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10240 SW 8th Street	
STREET ADDRESS	MIAMI, FL. 33144	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10240 SW 8th Street	
STREET ADDRESS	MIAMI, FL. 33144	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 305-2104-0888

Date

Daytime Phone #

CR2E034 (10/02)