

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

04-25-2003 90233 017 ***150.00

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

DOCUMENT # P02000113824

1. Entity Name

TATTOO MANIA STUDIOS, INC.

DO NOT WRITE IN THIS SPACE

11016634

2. Principal Place of Business
3937 DAVIE BLVD

Suite, Apt. #, etc.

3. Mailing Address
3937 DAVIE BLVD

Suite, Apt. #, etc.

City & State
FT LAUDERDALE FL

City & State
FT LAUDERDALE FL

4. FFL Number
43-7994768

Applied For
Not Applicable

Zip
33312-3405

Country
USA

Zip
33312-3405

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Registered Agent

Name
ALEX SOUZA

Street Address (P.O. Box Number is Not Acceptable)

3937 DAVIE BLVD

City FT LAUDERDALE

FL

Zip Code
33312-3405

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.

SIGNATURE

ALEX SOUZA

(Signature of Registered Agent or authorized officer of the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
DP SOUZA, ALEX 2700 S OAKLAND FOREST DR #201 OAKLAND PARK FL 33309			
DV SOUZA, ALLISON 2700 S OAKLAND FOREST DR #201 OAKLAND PARK FL 33309			

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, which other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX SOUZA, DP

Date

Daytime Phone #

CR2E034B (12/01)