

FROM :

FAX NO. :


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91452 047 ***150.00

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

DOCUMENT # **PO2000126499**

1. Entity Name
TRES AMERICAS BOOKSTORE, INC.



90127753

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9745 SW 72nd. St. # 211

3. Mailing Address
Suite, Apt. #, etc.
\$211 State, Apt. #, etc.

City & State
MIAMI, FL City & State

Zip
33173 Country
USA Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0343558 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
ALFREDO MONTALVO

Street Address (P.O. Box Number is Not Acceptable)
9610 SW 58 ST.

City
Miami, FL 33173 FL Zip Code
33173

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, the registered agent.

SIGNATURE *Alfredo Montalvo* **Vice President** **4/30/03**

(NOTE: Registered Agent signature required when reinstating)

January 1, May 1 Fee is \$150.00
After May 1 Fee is \$350.00
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	P ALFREDO MONTALVO 9610 SW 58 ST. MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V/P FANNY MONTALVO 9610 SW 58 ST. MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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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 or without authority.

SIGNATURE: *Alfredo Montalvo* **4/30/03** **Vice-President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR