2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P93000047313 **DOCUMENT #**

1. Entity Name

TINTEK, INCORPORATED



FILED Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90125 006 ***150.00

ALMAGUER, DANIEL STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP								7					
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City & State City & State City & City & State	2. Principal P	Place of Busin	ess	3. Mai	3. Mailing Address								
Zip Country Zip Country 5, Certificate of Status Desired Country 6, Mark Applicable Country 7, Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent 8, Name 8, Name 8, Name 1, 2015 SW 35 TERR MAMIFE. 33175 City FL Zip Code	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent	City & State			City	City & State			4.	FEI Number 65-0421651				}
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ALMAGUER, FRANCISCO 1321S SW 35 TERR MAMI FL 33175 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		6. Name	and Address of Curren	t Registere	ed Agent			7. I	Name and Address of New F	Registered	Agent		1
Sireel Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)							Name]
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 City FL Zip Code	·						Street Address (P.O. Box Number is Not Acceptable)						
S. 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, upped or printed registered agent and tief a spokedable. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00	MIAMI FL	33175											
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After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if app	olicable. (NOTE	: Registered	d Agent signature req	uired when re	einstating)	DATE			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

Date

Daytime Phone #