

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

FILED

03 OCT 21 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047313

1. Entity Name

TINTEK INCORPORATED



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2476 SW 137 AVE

3. Mailing Address  
2476 SW 137 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number

Applied For  
Not Applicable

Zip  
33175

Country  
DADE

Zip  
33175

Country  
DADE

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent:

Name ANDRES PEREZ

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

2476 SW 137 AVE

City MIAMI

FL Zip Code  
33175

**DO NOT WRITE  
IN THIS SPACE**

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

10-14-03

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

PRESIDENT  
ANDRES PEREZ  
16366 SW 76 ST MIAMI, FL 33193

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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500023998035  
10/21/03--01147--006 \*\*61.25

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03

Date

305-219-2483

Daytime Phone #

10/24

CR2E034B (12/02)