## FILED May 29, 2002 8:00 am Secretary of State

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	UNIFORM BUSINESS REPORT	T (UBR)
DO	CLIMENT #	

1. Entity Name	VIENI # P930000518 TIGE VALET, INC.	05-29-2002 90737 047 ***150.00				
<u> </u>	DO NOT WRITE	80123353				
2. Principal Place of Business 1034 W. Hillsborough Av Suite, Apt. #, etc.		3. Mailing Address e. Same Sulte, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Campa, FL		City & State		4. FEI Number 69 - 319 3242 Applied For Not Applicable		
33603-1		Zlp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
IN THIS SPACE  Street Act 10.34				7. Name and Address of Current Registered Agent  [lione, Terry  [ddress (P.O. Box Number is Not Acceptable)  W. Hillsborough Avenue  [Lip Code 133603 1312		
8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signature, by To printed name of registered agent and lite if applicable. (NOTE: Registered Agent signature registered 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 After May 1, Fee is Amended UBR is Make Check Payable to De				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Scaglione, Terry 4610 N. Armenia Tampa, FL 33603		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY+ST+ZIP	VP Alite, John 210 Route 73 Voorhees, NJ 08	X-Delete 043	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amergrane, Tarik X-Addition 2708 Stone Mountain Place Campa, FL 33634-1070		
TITLE NAME STREET AODRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE		
TITLE NAME STREET ADDRESS CTY+ST-ZIP			NAME STREET ADDRESS CITY+ST+ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filling 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 11 or on an attachment with an address with all other like empowered.						
SIGNATURE: SIGNATURE SUPPLIED OR PRINTED NAME OF DEGINING OFFICER OR ORGECTOR SIGNATURE AND Phone #						

TERRY SCAGLione