

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90002 027 ***150.00

00001275



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| DOCUMENT # P94000032285 | | | |
| 1. Entity Name T'S TREASURE INCORPORATED | | | |
| Principal Place of Business 5190 N.W. 167TH ST SUITE 223 MIAMI FL 33014 | | Mailing Address 5190 N.W. 167TH ST SUITE 223 MIAMI FL 33014 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0603441 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BILLOO, ZAKARIA A 5190 N.W. 167TH ST SUITE 223 MIAMI FL 33014 | | 7. Name and Address of New Registered Agent Name- Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (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. <input type="checkbox"/> (See criteria on back) | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVD BILLOO, ZAKARIA 5190 N.W. 167TH ST #223 MIAMI FL 33014 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Biloo Zakaria</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 1-3-01 | Daytime Phone # 3056205466 |

CR2E034 (10/00)