## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P94000071435



## **FILED** Feb 17, 2003 8:00 am Secretary of State

T.V. DINNERS, INC.						02-17-20	03 90137 02.	3130	.00
Principal Place of Business 12140 NE 16 AVE MIAMI FL 33161 US		Mailing Address 12140 NE 16 AVE MIAMI FL 33161 US							
ace of Business	3. Maili	3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FE	El Number <b>65-05530</b> 0	)0	<u> </u>	olied For Applicable
Country Zip Cou			Count	ry	5. Certificate of Status Desired				
6 Name and Address of Curre	nt Registere	d Agent		<del></del>	7. No	ame and Address of New	_		
GRABSKI, JAMES D 6425 MAYO STREET				Street Address	(P.O. Bo	x Number is Not Accepta	ble)		
OOD FL 33023		,	City	A		FL	Zip Code	181	
ions of registered agent.				ed office or registe	ered age	ent, or both, in the State of	Florida. I am far	niliar with, a	and accept
ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0	00				`\	Trust Fund Contribu	ution.	Added	O May Be to Fees
			11.		ADI	DITIONS/CHANGES TO C			Addition
PTS GRABSKI, J. DEREK 2640 NW 135 STREET MIAMI FL 33161		☐ Delete	NAM STRE	EET ADDRESS					Addition
mana 12 cc is i	_	☐ Delete	NAM	IE EET ADDRESS			<del>.</del>	☐ Change	☐ Addition
	<del> </del>	☐ Delete	TITL NAM STRI	E ME EET ADDRESS		, v - pt _ va	a vy – Love	-Change-	Addition .
		Delete	TITL NAM STR	E ME EET ADDRESS	<u></u>			Change	☐ Addition
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<u> </u>	<del> </del>	☐ Defete	TITL				<del></del> ,	☐ Change	Addition
	e of Business  AVE  Signature, typed or printed name of registered agent.  Country  6. Name and Address of Curre  JAMES D  O STREET  OD FL 33023  named entity submits this statement ions of registered agent.  Signature, typed or printed name of registered agent.  Signature, typed or printed name of registered agent.  OFFICERS AI  PTS  GRABSKI, J. DEREK  2640 NW 135 STREET  MIAMI FL 33161	e of Business  Addition 12140  MIAMI US  ace of Business  Ace of Business  City of Miami US  Ace of Business  City of Miami US  Country  Country  City of Miami US  City of Miami City o	Address Mailing Address 12140 NE 16 AVE MIAMI FL 33161 US  ace of Business 3. Mailing Address ace of Business 3. Mailing Address  ace of Business 3. Mailing Address  ace of Business 3. Mailing Address  ace of Business 3. Mailing Address  ace of Business 3. Mailing Address  Country 2ip  6. Name and Address of Current Registered Agent  JAMES D  O STREET  OOD FL 33023  named entity supports this statement of State  OOFFICERS AND DIRECTORS  PTS  GRABSKI, J. DEREK 2640 NW 135 STREET  MIAMI FL 33161  Delete	Address NE	Mailing Address  In the Save Mailing Address	Mailing Address IZ140 NE 16 AVE MIAMI FL 33161 US  ace of Business  3. Mailing Address IUS  ace of Business  3. Mailing Address IUS  ace of Business  3. Mailing Address IUS  Country  Zip  Country  Zip  Country  Zip  Country  Screen Address of Current Registered Agent  7. N  Name CRABS  Street Address (P.O. Bo  Street Address (P.O. Bo  City A State  City A State  Ale File  City A LA  Name CRABS  Street Address (P.O. Bo  City A LA  Name CRABS  Street Address (P.O. Bo  City A LA  NAME CITY IN LA  NAME Signature, hyped or privated often of registered age ons of registered agent.  ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Floridal Department of State  OFFICERS AND DIRECTORS  PTS GRABSKI, J. DEREK 2640 NW 135 STREET  MAMI FL 33161  Delete  ITILE NAME SIREET ADDRESS CITY-ST-ZIP  Delete  ITILE NAME SIREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delete SIREET ADDRESS CITY-ST-ZIP  Delete	The Business Mailing Address 12:40 No. 16 AVE MAMIFE, 33161 US  ace of Business  3. Mailing Address 19. etc.  Country  Suite, Apt. #, etc.  City & State  Country  Size Country  Country  Country  Size Country  Country  Country  Size Country  Country  Size Address of Current Registered Agent  Name and Address of Current Registered Agent  Name Coass in Status Desired  Size Address (P.O. Box Number is Not Accepted Ons of registered Agent signature required when revisating)  ILE NOTE: Registered Agent signature required when revisating in the size of the signature required when revisating in the size of the signature required when revi	Melling Address  VE 12/40 NE 16 NE MAIN FL 33161  US  3. Mailing Address 10/40 NE 16 NE MAIN FL 33161  US  3. Mailing Address 10/40 NE 16 NE MAIN FL 33161  US  3. Mailing Address 4. FEI Number 65-0553000  Country Zip Country 5. Centricate of Struct Period	Mailing Address   1240 NE 16 AVE   1240 NE 16

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR