

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90050 046 ***150.00

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1. Entity Name

TEC GUM CORP.



Principal Place of Business

5411 SW 199TH AVE
FT LAUDERDALE FL 33332-1579
US

Mailing Address

5411 SW 199TH AVE
FT LAUDERDALE FL 33332-1579
US



2. Principal Place of Business - No P.O. Box #

19451 SHERIDAN STREET
Suite/Apt. #, etc.
#263

3. Mailing Address

19451 SHERIDAN STREET
Suite/Apt. #, etc.
#263

1st MOORE

CR2E034 (10/06)

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33332

Country

U.S.A.

Zip

33332

Country

U.S.A.

4. FEI Number

65-0542358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE-ARBELOA, ERAPEL B
5411 SW 199TH AVENUE
FT-LAUDERDALE FL 33332

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. 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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
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 D ☐ Delete
NAME DE-ARBELOA, ERAPEL B
STREET ADDRESS 5411 SW 199TH AVENUE
CITY-ST-ZIP FT LAUDERDALE FL 33332

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TT

TITLE PRESIDENT, VICE-PRESIDENT ☒ Change ☒ Addition
NAME DE-ARBELOA, ERAPEL B
STREET ADDRESS 5411 S.W. 199TH AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33332

TITLE T, S ☐ Change ☒ Addition
NAME DE-ARBELOA, ERAPEL B
STREET ADDRESS 5411 S.W. 199TH AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33332

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

Erapel B de Arbeloa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/2007

Date

954-680-3229

Daytime Phone #