2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000042864 **DOCUMENT #**

1. Entity Name

TENEN ENTERPRISES, INC.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90115 029 ***150.00

Principal Place of Business 226 S DIXIE HWY AKE WORTH FL 33460 JS		Mailing Address 1226 S DIXIE HWY LAKE WORTH FL 33460 US							
s	3. Mailing Address					4 8 124 94 541 8 1		DIINI BEBI FEBI -	
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State			FE-DEROEUZ			
Country	Zip Coun		itry	5.	Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name :						 -
IDRY			Street Addres		<u> </u>				
)			City			FL	Zip Cod	le	
submits this statement fo ed agent.	or the purpose of changing its	register	ed office or regis	tered ag	ent, or both, in the State of Fior	ida. Lami	familiar with,	and accept	
printed name of registered agent	t and title if applicable. (NOTI	E: Registere	d Agent signature requi	ired when re	einstating)	DATE			
Fee will be \$550.00									
		11.		ΑE	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 11	1.
LENE C TH AVE	☐ Delete	NAM STRI	IE EET ADDRESS				☐ Change	☐ Addition	(40/02)
	☐ Delete	NAM STRI	IE EET ADDRESS				☐ Change	☐ Addition	Cac
	☐ Delete	NAM STR	E Me Eet address	**			☐ Change	☐ Addition	
	☐ Delete	NAM STRI	ME EET ADDRESS				☐ Change	Addition	
	☐ Delete	NAM STRI	AE EET ADDRESS				☐ Change	Addition	
of a making a sure like like	Delete	NAM STRI CITY	ME EET ADDRESS 7-ST-ZIP	Saction	110 07(3)(i) Florida Statutos	further co	☐ Change	☐ Addition	
	NDRY submits this statement for ed agent. printed name of registered agen FEE IS \$150.00 Fee will be \$550.00 Florida Department of OFFICERS AND LENE C TH AVE N FL 33434	1226 S DIXIE HWY LAKE WORTH FL 33460 US 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Ind Address of Current Registered Agent NDRY Desubmits this statement for the purpose of changing its end agent. Printed name of registered agent and tive if applicable. (NOT) FEE IS \$150.00 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTORS LENE C TH AVE DN FL 33434 Delete Delete Delete	1226 \$ DIXIE HWY LAKE WORTH FL 33460 US SS 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Address of Current Registered Agent NDRY O Submits this statement for the purpose of changing its registered agent. Printed name of registered agent and live if applicable. (NOTE: Registered agent.) FEE IS \$150.00 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTORS 11. LENE C TH AVE ON FL 33434 Delete 11. NAM STR. CITY Delete 11. D	1226 \$ DIXIE HWY LAKE WORTH FL 33460 US Suite, Apt. #, etc. City & State Country Zip Country Zip Country Tity Street Address Street Address Gity Street Address City Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	1226 S DIXIE HWY LAKE WORTH FL 33460 US 3. Mailing Address Suite, Apt. #, etc.	1228 S DIME HAY LAKE WORTH FL 33480 US Suite, Apt. #, otc. Check Here is City & State Country S. Certificate of Status Desired Country Zip Country S. Certificate of Status Desired Address of Current Registered Agent Name and Address of New Re Name Name and Address of New Re	1228 S DIKIE HWY LAKE WORTH FL 33460 US 3. Mailing Address Suite, Apt. #, etc. City & State City & State Country Zip Country Steed Address of Current Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City Tity FL Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am ted agent OFFICERS AND DIRECTORS That AVE NAME STREET ADDRESS OTT-91-2P Delete TITE NAME STREET A	128 S DIXE HWY LAKE WORTH FL 33480 US Suife, Apt. #, etc.	1228 S DUCK HAY LAKE WORTH FL 33460 US IS

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: