

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000065502**

1. Entity Name
TENDENZA, INC.

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90098 014 ***158.75

Principal Place of Business
**10689 NORTH KENDALL DRIVE
SUITE 310
MIAMI FL 33176**

Mailing Address
**10689 NORTH KENDALL DRIVE
SUITE 310
MIAMI FL 33176**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0609754		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired. ☒ \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DET H. JOKS, P.A. 10689 NORTH KENDALL DRIVE SUITE 310 MIAMI FL 33176				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)

Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CONTINI, JORGE G		NAME		
STREET ADDRESS	1915 BRICKELL AVE., APT. CC9		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOKS, DET H		NAME		
STREET ADDRESS	10689 N. KENDALL DR., SUITE 310		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Det H Joks* Assistant Sec UBR Report 4/30/02 305-598-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

For Filing ONLY

CR2E034 (9/01)