

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013788

1. Entity Name
TUTTI FRUTTI, INC.

Principal Place of Business Mailing Address
1527 SW 8 ST. 1527 SW 8 ST.
MIAMI FL 33135 MIAMI FL 33135

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **65-0273968** Applied For
Not Applicable

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

MENENDEZ, TERESITA
1527 SW 8 ST.
MIAMI FL 33135

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **MENENDEZ, TERESITA**
CITY-ST-ZIP **1527 SW 8 ST. MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **800004704958--2**
CITY-ST-ZIP **-12/05/01--01002--016**

TITLE ☐ Delete
NAME **DVS**
STREET ADDRESS **CARDOSO, JOANITA**
CITY-ST-ZIP **1527 SW 8 ST. MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****150.00 ***150.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 30 AM 11:21



DO NOT WRITE IN THIS SPACE

01653982

CR2E034(10/00)

The following clients had their documents returned. We are enclosing the documents that they had given to us, that we sent to you, that were processed by someone else and returned back to the client.

In the case of "New Neuro Rehabilitation Center, Inc., they voided their original check dated April 27, 2001 upon receipt in September, 2001 and prior to speaking with me. I am enclosing a copy of that voided check and a replacement check they issued for that one. In all other cases, the original check and any respective documents are attached. The clients in this set are:

NEW NEURO REHABILITATION CENTER, INC.

SAMMY CUSTOM AUTO BODY SHOP, INC.

SAMMY CUSTOM AUTO SALES, INC.

MIGUEL ESPINOSA LAND SURVEYING, INC.

TUTTI FRUTTI, INC.