

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015092

1. Entity Name

T.E.S.L., INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90949 046 ***150.00

Principal Place of Business

19501 E COUNTRY CLUB DR
501
AVENTURA FL 33180
US

Mailing Address

19501 E COUNTRY CLUB DR
501
AVENTURA FL 33180-2595
US

2. Principal Place of Business

5700 OKEECHOBEE BLVD

3. Mailing Address

5700 OKEECHOBEE BLVD

Suite, Apt. #, etc.

STORE #10

Suite, Apt. #, etc.

STORE #10

City & State

West Palm Beach FL

City & State

West Palm Beach - FL

Zip

33417

Country

USA

Zip

33417

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2097023

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTIEL DAVIS, MAGDA
2650 S.W. 27 AVENUE
SUITE 304
MIAMI FL 33133

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LUCIANI, REINALDO
19501 E COUNTRY CLUB DR #501
AVENTURA FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~XXXXXXXXXXXXXXXXXXXX~~

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3
STABIO GUSTAVO
3944-194 TRAIL
MIAMI BEACH, FL 33160

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Reinaldo Luciani

4/28/2000

561 615 0090