

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2000 08:00 AM**
Secretary of State**DOCUMENT # P97000040047****1. Entity Name**
TESLA MANAGEMENT, INC.

Principal Place of Business 801 S. UNIVERSITY DR. STE. C-136A PLANTATION FL 33324	Mailing Address 801 S. UNIVERSITY DR. STE. C-136A PLANTATION FL 33324
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2. Principal Place of Business 801 S. UNIVERSITY DRIVE	3. Mailing Address 801 S. UNIVERSITY DRIVE
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Suite, Apt. #, etc. SUITE K103A	Suite, Apt. #, etc. SUITE K103A
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City & State PLANTATION FL	City & State PLANTATION FL
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Zip 33324	Country US	Zip 33324	Country US
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4. FEI Number 65-0751296	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentDELGADO MARIO RESQ
2151 UTHEM RD
STE 202
CORAL GABLES FL 33134**7. Name and Address of New Registered Agent**Name
MARIO R. DELGADO, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2151 S. LEJEUNE ROAD
SUITE 202
City
CORAL GABLES FL Zip Code
33134**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 MARIO R. DELGADO****04/21/2000**

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	PD <input type="checkbox"/> Delete
NAME	ACOSTA NELSON
STREET ADDRESS	801 S. UNIVERSITY DR. STE. C-136A
CITY-ST-ZIP	PLANTATION FL 33324

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA NELSON
STREET ADDRESS	801 S. UNIVERSITY DR. STE. K103A
CITY-ST-ZIP	PLANTATION FL 33324

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** NELSON ACOSTA**DATE** 04/21/2000