

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068628

1. Entity Name

TARTINE & CHOCOLAT OF FLORIDA, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90006 028 ***550.00

Principal Place of Business

9700 COLLINS AVE.
SUITE 204
BAL HARBOUR FL 33154
US

Mailing Address

3250 PROSPECT ST NW
WASHINGTON DC 20007
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0793216

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME LERET, PATRICK
STREET ADDRESS 3250 PROSPECT ST NW
CITY-ST-ZIP WASHINGTON DC 20007 ☐ Delete

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

TITLE DV
NAME ROCHE, ALVARO
STREET ADDRESS 3250 PROSPECT NW
CITY-ST-ZIP WASHINGTON DC 20007 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 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:

SIGNATURE REQUIRED **ROCHE VP**

Date

Daytime Phone #

07/24/00 (202) 3336081

CR2E034 (5/00)

Attachment # P9700068628
B0104552

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CITY-ST-ZIP	WASHINGTON DC 20007	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROCHE, ALVARO	
STREET ADDRESS	3250 PROSPECT NW	
CITY-ST-ZIP	WASHINGTON DC 20007	
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		

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

ALVARO ROCHE VP 07/24/00 (202) 3336091