

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068628

1. Entity Name
TARTINE & CHOCOLAT OF FLORIDA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90030 020 ***150.00

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

1111 19th St. NW, Suite 920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Washington, DC

Zip

Country

Zip

Country

20036

USA

4. FEI Number 65-0793216

☒ 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

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 \$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 PD
NAME LERET, PATRICK
STREET ADDRESS 3250 PROSPECT ST NW
CITY-ST-ZIP WASHINGTON DC 20007 ☐ Delete

TITLE President
NAME Roche, Alvaro
STREET ADDRESS 1111 19th. St. NW, Suite 920
CITY-ST-ZIP Washington, DC 20036 ☒ Change ☐ Addition

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

TITLE Vice-President
NAME Leret, Patrick
STREET ADDRESS 1111 19th. St. NW, Suite 920
CITY-ST-ZIP Washington, DC 20036 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

(202) 331-0442

Daytime Phone #

CR2E034 (10/00)