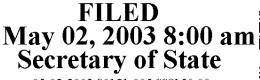
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** P98000031098 **DOCUMENT #** 1. Entity Name TAVOS, INC.



FILED								
May 02, 2003 8:00 an	1							
Secretary of State	,							
05-02-2003 90121 005 ***150.00	•							

Principal Place of Business 7376 W. 20TH AVENUE #151 HIALEAH FL 33016		Mailing Address 7376 W. 20TH AVENUE #151 HIALEAH FL 33016									
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Star	е	City & State				4. FEI Number 65-0835204			<del></del>	pplied For ot Applicable	]
Zip	Country Z			try	5.	Certificate of Status Desired		8.75 Ad	ditional	1	
	6. Name and Address of Current	Registere	ed Agent			7. [	Name and Address of New Re				1
					Name						7
YANES, G 465 OCE					Street Address (	(P.O. B	30x Number is Not Acceptable)				
·#710											
MIAMI BE	ACH FL 33139				City			FL	Zip Coc	de	
	named entity submits this statement folions of registered agent.	r the purp	ose of changing its r	egistere	ed office or register	red ag	ent, or both, in the State of Flori	da. I am fa	miliar with,	and accept	-
SIGNATURE	Signature, typed or printed name of registered agent	ead title if one	Nostle (NOTE	Desintoro	d Agent signature required		siaddin a	DATE			
	·	and title ii app	incapie. (NOTE:	Hegisteret	Agent signature required	u when te	T	UAIE.		<del>-</del>	┨
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	f State					S. Election Campaign Fina     Trust Fund Contribution.			00 May Be d to Fees	
10.	OFFICERS AND	DIRECTO	L RS	11.		AD	L DDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 11	1
TITLE	PT		☐ Delete	TITLE					☐ Change	Addition	18
NAME	YANES, GUSTAVO			NAME	:						3
STREET ADDRESS CITY-ST-ZIP					ET ADORESS - ST- ZIP						700
TITLE	V		☐ Delete	TITLE			·	_	☐ Change	☐ Addition	ؤ
NAME STREET ADDRESS CITY-ST-ZIP	HAGAR, ANDRES 1900 SUNSET HARBOR DR., #90 MIAMI BEACH FL 33139	11			ET ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS	S DICKENS, DARRYL 901 PENNSYLVANIA AVE		☐ Delete	TITLE NAME STREI		•		_	Change	Addition	1
CITY-ST-ZIP	MIAMI BEACH FL 33139				ST-ZiP			<u> </u>			-
TITLE NAME			☐ Delete	TITLE	:				Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS   St-zip						
TITLE			☐ Delete	TITLE NAME					Change	Addition	
NAME STREET ADDRESS   CITY-ST-ZIP				STREE	T ADDRESS ST-ZIP						
TITLE NAME			☐ Delete	TITLE				I	Change	☐ Addition	1
STREET ADDRESS	,			STREE	T ADDRESS						
CITY-ST-ZIP	portify that the information or nation with	this filiage	dana makawalifu fara	CITY-	ST-ZIP		110 07/2V/) Florids Cross 15	unthon an all		-formation	1

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 truetée empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Destination

Destina

SIGNATURE: 2

305-364 2090