

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90084 016 ***150.00

DOCUMENT # P98000038005

1. Entity Name
TENKOLINI, INC.

Principal Place of Business 4615 NW 72ND AVENUE SUITE 108 MIAMI FL 33166 3100 NW 72nd Ave. Suite 131 Miami, FL 33122	Mailing Address 4615 NW 72ND AVENUE SUITE 108 MIAMI FL 33166 3100 NW 72nd Ave. Suite 131 Miami, FL 33122
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00027393



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 3100 NW 72nd Ave. #131	3. Mailing Address Suite, Apt. #, etc. 3100 NW 72nd Ave. #131
City & State Miami, FL	City & State Miami, FL

4. FEI Number 65-0831563	Applied For <input type="checkbox"/> Not Applicable
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Zip 33122	Country	Zip 33122	Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**TSAI, MAX
 4615 NW 72ND AVENUE SUITE 108
 MIAMI FL 33166**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3100 N.W. 72nd Ave Suite #131
 City **Miami, FL** Zip Code **33122**

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 **MAX TSAI** DATE **3-12-2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete TSAI, MING CHE 4615 NW 72ND AVENUE SUITE 108 MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition General Manager Max Tsaï 3100 NW 72nd Ave. #131 Miami, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MAX TSAI** DATE **3-12-2001**
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)