

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P99000036271

1. Entity Name



TETE RESTAURANT CORP.

03 OCT 28 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1444 S.W. 8 ST.

3. Mailing Address

P.O. Box 352571

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL

MIAMI, FL

City & State

City & State

Zip 33135

Country USA

Zip 33135

Country USA

4. FEI Number

65-0912897

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CARICE A. TASSINARI

Street Address (P.O. Box Number is Not Acceptable)

1756 N. BAYSHORE DR. #39L

City

MIAMI

FL

Zip Code

33132

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-24-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT
CARICE A. TASSINARI
1756 N. BAYSHORE DR. #39L
MIAMI, FL 33132

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

500024217205

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-03 305-858-8801

Date

Daytime Phone #

CR2E034B (12/02)



October 24, 2003

Uniform Business Report
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Gentlemen:

Enclosed please find the UBR duly completed along with Check #3504 in the amount of \$158.75.

We were not able to submit this report earlier because we never received it.

Please note the correct address and mailing address for the business.

Thank you for your attention to this matter.

Cordially,

Caprice A. Tassinari