

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-08-2001 90097 037 ***150.00

DOCUMENT # P99000045213

1. Entity Name

TRES AMIGOS, INC.

Principal Place of Business

944 39TH AVE. N.
 ST PETERSBURG FL 33703

33703

Mailing Address

944 39TH AVE. N.
 ST PETERSBURG FL 33703

33703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3586919

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

ENGLANDER, LEONARD S
 721 1ST AVENUE NORTH
 ST. PETERSBURG FL 33701

Name LETTELLEIR, JOSEPH T.

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

944 39TH AVENUE N.

City ST. PETERSBURG

FL

Zip Code 33703

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

TITLE	D	☒ Delete
NAME	ENGLANDER, LEONARD S	
STREET ADDRESS	721 1ST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PS	☐ Change ☒ Addition
NAME	LETTELLEIR, JOSEPH T.	
STREET ADDRESS	944 39TH AVENUE N	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	V.P.	☐ Change ☒ Addition
NAME	BRODERICK, ROGER	
STREET ADDRESS	5514 PARK BLVD	
CITY-ST-ZIP	PINELLIS PARK FL 33781	
TITLE	ST	☐ Change ☒ Addition
NAME	GANTERRE, BARRY	
STREET ADDRESS	12385 AUTOMOBILE BLVD	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 the 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 and that I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH T. LETTELLEIR, PS.

Date

Daytime Phone #

CR2034 (10/00)