

04/27/2001 17:13 3855942639

COMPREHENSIVE

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

05-14-2001 90247 007 ***150.00

DOCUMENT # P98000052061

1. Entity Name

TWO TOQUES, INC.

Principal Place of Business

**11111 BISCAYNE BLVD #1955
NORTH MIAMI FL 33181**

Mailing Address

**11111 BISCAYNE BLVD #1955
NORTH MIAMI FL 33181**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. RPT Number

65-1080195

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GARCIA, LORENA**11111 BISCAYNE BLVD #1955
NORTH MIAMI FL 33181**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☐

FILE WITH FEE IS \$100.00
After 8:00 PM Fee will be \$150.00
Make Check payable to Secretary of State

10. Election Campaign Financing Trust Fund Contribution

☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **GARCIA, LORENA**
STREET ADDRESS **11111 BISCAYNE BLVD #1955**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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)(f), 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 907, 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 the empowered.

SIGNATURE:

Lorena Garcia
 SIGNATURE AND TITLE OR PRINTED NAME OF APPOINTED OFFICER OR DIRECTOR

Lorena Garcia - 04-20-01 - 305-2186002
 Date

Ordinary Matter