

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095746

1. Entity Name
TJ'S RIDES, INC.

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

01-29-2001 90083 003 ***150.00

Principal Place of Business

9751 NW 27 AVENUE
MIAMI FL 33147

Mailing Address

9751 NW 27 AVENUE
MIAMI FL 33147

2. Principal Place of Business

3. Mailing Address

15897 NW 14 MANOR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

P. PINES FL

Zip

Country

Zip

Country

33028

MIAMI-DADE

4. FEI Number

65-0962840

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

BRAVO, ADA F
3600 SO STATE ROAD 7
SUITE 229
MIRAMAR FL 33023

Name DEYDANIA OXIDINE

Street Address (P.O. Box Number is Not Acceptable)
15897 NW 14TH MANOR

City PEMBROKE PINES

FL

Zip Code

33028

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

X Deydania Oxidine

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MARCELINO, TILKSON
STREET ADDRESS 5827 S FARRAGUT DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE PTD ☐ Change ☒ Addition
NAME DEYDANIA OXIDINE
STREET ADDRESS 15897 NW 14TH MANOR
CITY-ST-ZIP P. PINES FL 33028

TITLE VPT ☐ Delete
NAME MARCELINO, TILKSON J
STREET ADDRESS 5827 S FARRAGUT DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE YSD ☒ Change ☐ Addition
NAME MARCELINO, TILKSON J
STREET ADDRESS 5100 SW 64TH AVE # 301A
CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

X Deydania Oxidine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 (954) 661-6192

Date Daytime Phone #

CR2E034 (10/00)