

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90064 045 \*\*\*150.00

0038807 AV

**DOCUMENT # P99000097862**

1. Entity Name  
**HOUSE OF TEA COMPANY**



Principal Place of Business  
**26 SW 20 RD  
MIAMI FL 33129**

Mailing Address  
**26 SW 20 RD  
MIAMI FL 33129**

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 **65-0960713**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75**-Additional-  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER G. CUBAS, P.A.  
10621 NORTH KENDALL DRIVE SUITE 204  
MIAMI FL 33176**

Name

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

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ALVAREZ, MARTHA FUENTES**  
CITY-ST-ZIP **2520 SW 22 STREET SUITE 2-141  
MIAMI FL 33145**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ALBA, NEVADA**  
CITY-ST-ZIP **2520 SW 22 STREET SUITE 2-141  
MIAMI FL 33145**

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  
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CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80146354  
#P99000097862

Division of Corporations  
State of Florida  
09/01/03

Dear Sirs:

Please be advised that we never received our first notice for filing. Our current address is 26 SW 20<sup>th</sup> Road, Miami, Fla. 33129. If you still have our old address at 22<sup>nd</sup> st. , please discard it. We cannot receive mail there any longer. We have included a check for \$150.00 for the filing. We hope to avoid this confusion in the future. If you have any questions , I may be reached at 305-323-4458.

Thank You,

Martha Alvarez

Director  
House of Tea Company

