

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000360**

1. Entity Name

TURCHAN TWO FAMILY LIMITED PATNERSHIP

Principal Place of Business

211 EDEN ROAD
PALM BEACH FL 33480

Mailing Address

211 EDEN ROAD
PALM BEACH FL 33480-3315

FILED
00 APR 28 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

c/o Truscello Foods, LLC c/o Truscello Foods, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7880 N.W. 62nd Street

7880 N.W. 62nd Street

City & State

City & State

Miami, Florida

Miami, Florida

4. FEI Number

65-0788865

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TURCHIN, THOMAS P JR.
211 EDEN ROAD
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Turchan, Thomas P. Jr.

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

(to correct spelling)

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

50,000
S.A. filed 4-28-00

10. Amount of Capital Contributions in FLORIDA to date.

50,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P21575**
NAME **TPT CORPORATION**
STREET ADDRESS **211 EDEN ROAD**
CITY - ST - ZIP **PALM BEACH FL 33480**

STREET ADDRESS **7880 NW 62nd Street**
CITY - ST - ZIP **Miami, FL 33166-3590**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/00

Date

305-592-5070

Daytime Phone #