

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90258 048 ***150.00

DOCUMENT # P94000016241

1. Entity Name
TB ENTERPRISES, INC

Principal Place of Business
**374 N. CONGRESS DR.
#C-6
BOYNTON BEACH FL 33426
US**

Mailing Address
**23379 BOCA TRACE DR.
BOCA RATON FL 33433
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
374 N. Congress Ave

3. Mailing Address
374 N. Congress Ave

Suite, Apt. #, etc.
Boynton Beach

Suite, Apt. #, etc.
Boynton Beach

City & State
FLORIDA

City & State
FLORIDA

Zip Country
33426 USA

Zip Country
33426 USA

4. FEI Number **65-0476543**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TORREJON, JORGE A JR
23379 BOCA TRACE DR.
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

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.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P TORREJON, JORGE A 23379 BOCA TRACE BOCA RATON FL 33433	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORREJON, JESSICA 23379 BOCA TRACE BOCA RATON FL 33433	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 **SCOTT M. TORREJON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-9-2002 (561)374-7990
Date Daytime Phone #

CR2E034 (9/01)