2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90259 020 ***150.00

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U0042281

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000102293

1. Entity Name
T & E PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4442 NW 203 ST MIAMI FL 33055	4442 NW 203 ST MIAMI FL 33055

2. Principal Place of Business	3. Mailing Address
2121 NW 139 ST	"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OPA LOCK	City & State: FLORIDA
Zip: 33054 / Country: miami	Zip: 33054 / Country: "

4. FEI Number 65-0964747 — ☐ 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
SMATHERS, TIMOTHY 4442 NW 203 ST MIAMI FL 33055	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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMATHERS, TIMOTHY A 4442 NW 203 ST MIAMI FL 33055 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SMATHERS, TIMOTHY A 2121 NW 139 ST OPA-LOCK 33054 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SMATHERS, TIMOTHY H 4442 NW 203 ST MIAMI FL 33055 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RAYMOND BOSWELL 1082 NE 154 TERR miami, FLORIDA 33162 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: Timothy Smathers — 4/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)