

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90251 046 ***150.00

A0065855

DO NOT WRITE IN THIS SPACE

DOCUMENT # 921575 1. Entity Name TPT Corporation				✓	
Principal Place of Business 90 Truscello Foods LLC 7880 N.W. 62 Street Miami, Fla. 33146-3590		Mailing Address SAME			
2. Principal Place of Business Same		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1322582	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS P. Turchan, Jr. 211 Eden Road Palm Beach, FL 33480				7. Name and Address of New Registered Agent Name: Thomas P. Turchan Jr. Street Address (P.O. Box Number is Not Acceptable): 211 EDEN ROAD City: Palm Beach FL Zip Code: 33480	
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] (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. ☐		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 ☐ \$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	President/Sec/Dir. ☐ Delete THOMAS P. Turchan, Jr. 211 Eden Road Palm Beach, FLA 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./Director ☐ Delete Thomas P. Turchan 253 Legendary Ctr Palm Beach, Gardens, Fla		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas/Director ☐ Delete Kevin McCarthy 95 serpentine Ctr Silver Springs, M.D.		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)(l), 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 empowers.					
SIGNATURE: [Signature]			4/26/01 305/592-5070		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (11/00)