

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 263114

1. Entity Name

A.R. TOUSSAINT & ASSOCIATES, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90033 041 ***158.75

Principal Place of Business	Mailing Address
620 N E 126 ST MIAMI FL 33161	620 N E 126 ST MIAMI FLA 33161-4821

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
North Miami, Fla.	North Miami, Fla.

Zip	Country	Zip	Country
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4. FEI Number	59-0977909	Applied For	Not Applicable
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5. Certificate of Status Desired	XX	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TOUSSAINT, ALBERT R 620 NE 126TH ST NORTH MIAMI FL

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, 2000 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

TITLE	VD	☐ Delete
NAME	GAMBLE, HOWARD	
STREET ADDRESS	620 NE 126TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	☐ Delete
NAME	TOUSSAINT, NANCY	
STREET ADDRESS	620 NE 126TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ Delete
NAME	TOUSSAINT, ALBERT	
STREET ADDRESS	620 NE 126TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Albert R. Toussaint*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

Date

(305) 891-7340

Daytime Phone #