

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000360

1. Entity Name

TURCHAN TWO FAMILY LIMITED PARTNERSHIP

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

Principal Place of Business

211 EDEN ROAD
PALM BEACH FL 33480

Mailing Address

211 EDEN ROAD
PALM BEACH FL 33480-3315

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

Zip

Country

Zip

Country

33166-3590

USA

33160-3590

USA

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

Name

Turchan, Thomas P. Jr.

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

(to correct spelling)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 4-8-00

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
608803243906--3
-05/09/00--01013-046
*****806.25 *****526.25

DOCUMENT #
NAME
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CITY - ST - ZIP

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

Date

Daytime Phone #

4/25/00

305-592-5070