

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F17577

1. Entity Name

TNT PACKAGING, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90032 005 ***150.00

Principal Place of Business

3570 NW 59 ST
PO BOX 402883
MIAMI FL 33142
US

Mailing Address

PO BOX 402883
PO BOX 402883
MIAMI BCH FL 33140-0883
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2056222

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

TOKAYER, BARRY

~~1260 NE 170 ST~~

N MIAMI BCH FL 33162

17130 N.E. 12 AVE.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TOKAYER, BARRY	
STREET ADDRESS	1260 NE 170 ST 17130 N.E. 12 Ave	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TOKAYER, JEFFREY	
STREET ADDRESS	17130 NE 170 ST 921 N.E. 176 St.	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TOKAYER, MARILYN	
STREET ADDRESS	425 W 44TH ST	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARILYN TOKAYER

3-15-00

305-634-2868