

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90314 003 ***150.00

DOCUMENT # G43278

1. Entity Name

T&N SHIRT COMPANY

Principal Place of Business

Mailing Address

% ANTHONY SALINARDI
 2131 NE 208TH STREET
 NORTH MIAMI BEACH FL 33179

% ANTHONY SALINARDI
 2131 NE 208TH STREET
 NORTH MIAMI BEACH FL 33179-1625

040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2298533**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

SALINARDI, ANTHONY
2131 NE 208TH ST
MIAMI FL 33179

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	D	<input type="checkbox"/> Delete
NAME	SALINARDI, ANTHONY	
STREET ADDRESS	2131 NE 208TH ST	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SALINARDI, JOAN	
STREET ADDRESS	2131 NE 208TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRAUN, MICHAEL	
STREET ADDRESS	2131 N.W. 208TH STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SALINARDI, MONA	
STREET ADDRESS	2131 NE 208 ST	
CITY-ST-ZIP	N MIAMI FL	
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	Salinardi, Anthony
STREET ADDRESS	2131 NE 208 ST
CITY-ST-ZIP	N. Miami Bch FL 33179
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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 #

Joan Salinardi **4/28/00** **(305) 885-6115**