

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H75315

1. Entity Name

TENNESSEE ROAD, INC.

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

01-20-2000 90251 015 ***150.00

704659



DO NOT WRITE IN THIS SPACE

Principal Place of Business

524 FERNWOOD ROAD
KEY BISCAINE FL 33149
US

Mailing Address

524 FERNWOOD ROAD
KEY BISCAINE FL 33149-1842
US

2. Principal Place of Business

1570 MADRUGA AVE.

3. Mailing Address

1570 MADRUGA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 305

SUITE 305

City & State

City & State

CORAL GABLES, FLA.

CORAL GABLES, FLA.

Zip

Country

Zip

Country

33146

USA

33146

USA

4. FEI Number

59-2628878

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

GUILARTE, OLGA

524 FERNWOOD ROAD
KEY BISCAINE FL 33149

Name

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

1570 MADRUGA AVE.

SUITE # 305

City

CORAL GABLES

FL

Zip Code
33146

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 OLGA GUILARTE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/15/2000

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 ☐ Delete
NAME P
STREET ADDRESS GUILARTE, OLGA
CITY-ST-ZIP 524 FERNWOOD ROAD
KEY BISCAINE FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1570 MADRUGA AVE. SUITE 305
CITY-ST-ZIP CORAL GABLES, FLA 33146

TITLE ☐ Delete
NAME ST
STREET ADDRESS WAKEFIELD, THOMAS M
CITY-ST-ZIP 1028 COTORRO AVENUE
CORAL GABLES FL 33146

TITLE ☒ Change ☐ Addition
NAME VICE PRESIDENT
STREET ADDRESS
CITY-ST-ZIP
TITLES ONLY

TITLE ☐ Delete
NAME ST
STREET ADDRESS REBOZO, CHARLES F
CITY-ST-ZIP 12400 S.W. 62 AVENUE
MIAMI FL 33156

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Olga Guilarte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2000

(305) 740-0022

Date

Daytime Phone #

CR2E034 (9/99)