

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H90415

1. Entity Name

T.C. MANN, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90032 043 ***150.00

Principal Place of Business

Mailing Address

% THOMAS C. MANN
1040 PORT BOULEVARD
MIAMI FL 33132

% THOMAS C. MANN
1040 PORT BOULEVARD
MIAMI FL 33132-2022

910708

2. Principal Place of Business

3. Mailing Address

1001 N. American Way

1001 N. American Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

107

107

City & State

City & State

Miami, FL

Miami, FLA.

Zip

Country

Zip

Country

33132

USA

33132

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, THOMAS C.
1040 PORT BOULEVARD
MIAMI FL 33132

Name

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

1001 N. American Way Suite 107

City

Miami

FL

Zip Code
33132

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 PD
NAME MANN, THOMAS C.
STREET ADDRESS 1040 PORT BLVD
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1001 N. American Way #107
CITY-ST-ZIP MIAMI, FLA. 33132

TITLE ST
NAME COLEMAN, WILLIAM T.
STREET ADDRESS 5100 NO. FEDERAL HWY
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE D
NAME MCGOVERN, JOHN (JACK)
STREET ADDRESS 1877 S. BAYSHORE LANE
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: X J.C.M.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C. MANN

Date

Daytime Phone #

1/24/00

(305) 577-0225