

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K38627

1. Entity Name

TFB PROPERTIES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90050 019 ***150.00

Principal Place of Business

1489 W. PALMETTO PARK RD.
300
BOCA RATON FL 33486
US

Mailing Address

1489 W. PALMETTO PARK RD.
300
BOCA RATON FL 33486-3326
US

2. Principal Place of Business

2800 Ponce de Leon Blvd.

Suite, Apt. #, etc.
Ninth Floor

City & State
Coral Gables, FL 33134

Zip
33134

Country
U.S.A.

3. Mailing Address

2800 Ponce de Leon Blvd.

Suite, Apt. #, etc.
Ninth Floor

City & State
Coral Gables, FL 33134

Zip
33134

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0077876

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYERSON, LAURENCE
1221 BRICKELL AVENUE
SUITE 600
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
FRANK J. ROZA, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2800 Ponce de Leon Blvd.
Seventh Floor
City
Coral Gables FL Zip Code 33134

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANIS, ROY D 1221 BRICKELL AVE., SUITE 600 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KISH, TIMOTHY E 1221 BRICKELL AVE., SUITE 600 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRATTAN, BARBARA 1221 BRICKELL AVE., SUITE 600 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, LUCIOUS T 1221 BRICKELL AVE., SUITE 600 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTZ, JAVIER J 1221 BRICKELL AVE., SUITE 600 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANIS, ROY D. 2800 Ponce de Leon Blvd., Seventh Floor Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANK J. ROZA, ESQ. 2800 Ponce de Leon Blvd., Seventh Floor Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRATTAN, BARBARA 1489 WEST PALMETTO PARK ROAD BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLER, ELSA 2800 Ponce de Leon Blvd., Seventh Floor Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/31/00 (365) 774-5035
Date Daytime Phone #

CR2E034 (9/99)