2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State
06-13-2000 90005 005 ***550.00

DOCUMENT # M44682

1. Entity Name
TREASURE ISLAND, INC.

Principal Place of Business	Mailing Address
7565 W. 20TH AVE. HIALEAH FL 33014	7565 W. 20TH AVE. HIALEAH FL 33014-3728

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	C/O F. NEWMAN
Suite, Apt. #, etc.	Suite, Apt. #, etc. 66 W. FLAGLER ST. #700
City & State	City & State MIAMI, FL
Zip / Country	Zip 33130 / Country

4. FEI Number 59-2816767 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRIDGES, CHARLES
7565 W. 20TH AVE.
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name FRANK D. NEWMAN
Street Address (P.O. Box Number is Not Acceptable) 66 W. FLAGLER ST. #700
City MIAMI FL Zip Code 33130

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 Frank D. Newman FRANK D. NEWMAN 6-8-00
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	PDS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRIDGES, CHARLES		NAME		
STREET ADDRESS	7565 W. 20TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		CITY-ST-ZIP		
TITLE	VTD	☐ Delete	TITLE	VTD	☑ Change ☐ Addition
NAME	RODRIGUEZ, JOSE R.		NAME	RODRIGUEZ, JOSE R.	
STREET ADDRESS	73 E LAGOONA DR		STREET ADDRESS	7565 W. 20th Ave	
CITY-ST-ZIP	BRICKTOWN NE		CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Charles Bridges CHARLES BRIDGES 6-8-00 305-558-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #