

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M54115

1. Entity Name

TLRH, INC.

Principal Place of Business

Mailing Address

11641 SW 67 AVE. 56202 6808 S.W. 81 St  
MIAMI FL 33156

6808 S.W. 81 St  
MIAMI FL 33156-4701

2. Principal Place of Business

3. Mailing Address

6808 S.W. 81 St

P.O. Box 56202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Kendall Branch

City & State

Miami, Fla 33143

City & State

Miami, Fla 33156

4. FEI Number

65-0011230

Applied For

Not Applicable

Zip

33143

Country

U.S.A.

Zip

33156

Country

U.S.A.

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

KNUTSON, HILDA F.  
11641 SW 67TH AVE.  
MIAMI FL 33156

Name

H. A. Knutson

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

11801 S.W. 104 Ct.

Miami, Fla 33176

City

Miami

FL

Zip Code  
33176

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

H.A. Knutson - T.L.R.H. H.A. Knutson

4-24-2000

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 KNUTSON, HILDA F  
STREET ADDRESS 11641 SW 67TH AVE  
CITY-ST-ZIP MIAMI FL  
☒ Delete

TITLE PD  
NAME Knutson, Teresa  
STREET ADDRESS 11801 S.W. 104 Ct  
CITY-ST-ZIP Miami, Fla 33176  
☐ Change ☒ Addition

TITLE PD  
NAME KNUTSON, H A  
STREET ADDRESS 11801 SW 104TH CT.  
CITY-ST-ZIP MIAMI FL 33176  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE S T  
NAME Knutson, Arthur R.  
STREET ADDRESS 11801 S.W. 104 Ct  
CITY-ST-ZIP Miami, Fla 33176  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE V  
NAME Garrido, Lisa Knutson  
STREET ADDRESS 11641 S.W. 67 Avenue  
CITY-ST-ZIP Miami, Fla 33156  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

H.A. Knutson

H.A. Knutson

4-24-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90471 027 \*\*\*150.00

00042644



DO NOT WRITE IN THIS SPACE