

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007924

1. Entity Name

TOUGH AND TENDER INC.

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90083 005 \*\*\*\*61.25

Principal Place of Business

800 WEST CYPRESS CREEK ROAD SUITE 502  
FT LAUDERDALE FL 33309

Mailing Address

800 WEST CYPRESS CREEK ROAD SUITE 502  
FT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

PRUNSKIS, MARIA  
800 WEST CYPRESS CREEK ROAD SUITE 502  
FT LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D PRUNSKIS, MARIA	800 WEST CYPRESS CREEK ROAD SUITE 502	FT LAUDERDALE FL 33309	<input type="checkbox"/>	<input type="checkbox"/>
	D CONWAY, KATHLEEN M	1541 S OCEAN DRIVE APT 320	POMPAÑO BEACH FL 33062	<input type="checkbox"/>	<input type="checkbox"/>
	D COLEMAN, ALENA	101 NE 56TH COURT	FORT LAUDERDALE FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Registered Agent* 4-30-01 (954) 3510366