

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30495

1. Entity Name

TOWN & COUNTRY CENTER MERCHANTS ASSOCIATION, INC

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90060 017 ****61.25

Principal Place of Business

Mailing Address

TOWN & COUNTRY CENTER
8505 MILLS DR. SUITE M-211
MIAMI FL 33183
US

TOWN & COUNTRY CENTER
8505 MILLS DR. SUITE M-211
MIAMI FL 33183-4850
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0112741

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOOD, CHARLES M.
C/O TOWN & COUNTRY MANAGEMENT OFFICE
8505 MILLS DR, SUITE M-211
MIAMI FL 33183

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

Charles M. Hood III
CHARLES M. HOOD III, SECRETARY 8 MAR 00

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	T	<input checked="" type="checkbox"/> Delete
NAME	CESAR, CURI	
STREET ADDRESS	8505 MILLS DR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOOD, CHARLES M	
STREET ADDRESS	8505 MILLS DR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUELVAS, PABLO	
STREET ADDRESS	8505 MILLS DR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAMMON, BONNIE	
STREET ADDRESS	8505 MILLS DR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, SANTIAGO	
STREET ADDRESS	8505 MILLS DR	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	O	<input type="checkbox"/> Delete
NAME	PENZA, TAMMASO	
STREET ADDRESS	8505 MILLS DR	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheila Deusser	
STREET ADDRESS	8505 Mills Drive	
CITY-ST-ZIP	Miami, FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Smatt	
STREET ADDRESS	8505 Mills Drive	
CITY-ST-ZIP	Miami, FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Charles M. Hood III
CHARLES M. HOOD III, SECRETARY 8 MAR 00 305 214-7982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)