

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003856

1. Entity Name

TOTAL ESCAPE, INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90008 039 ****61.25

Principal Place of Business

Mailing Address

3281 KAPOT TERRACE
MIRAMAR FL 33025

3281 KAPOT TERRACE
MIRAMAR FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0434219

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

CARMAN, GARY M
201 S. BISCAYNE BLVD
#3000
MIAMI FL 33131

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
After September 13, 2000 min. will be \$236.25

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 D ☐ Delete
NAME CARMAN, GARY M
STREET ADDRESS 201 S. BISCAYNE BLVD., #3000
CITY-ST-ZIP MIAMI FL 33131

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

TITLE PDT ☐ Delete
NAME DIKAS, SUSAN
STREET ADDRESS 3281 KAPOT TERR.
CITY-ST-ZIP MIRAMAR FL

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

TITLE D ☐ Delete
NAME SARNER, WINNIE
STREET ADDRESS 117 CALLE LARGO
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition
NAME Garner, Winnie
STREET ADDRESS 117 Calle Largo
CITY-ST-ZIP Hollywood FL 33021

TITLE D ☐ Delete
NAME DIKAS, SYLVESTER DR
STREET ADDRESS 3281 KAPOT TERR.
CITY-ST-ZIP MIRAMAR FL 33025

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

TITLE D ☐ Delete
NAME KOLO, JERY DR
STREET ADDRESS 220 SE 2ND AVENUE
CITY-ST-ZIP FT LAUDERDALE FL 33301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)