

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000168

1. Entity Name

TOTAL OF FLORIDA HOLDINGS COMPANY, INC.

FILED
Jun 18, 2001 8:00 am
Secretary of State

06-18-2001 90001 038 ****61.25

Principal Place of Business

Mailing Address

8701 S.W. 137TH AVE.
SUITE 200
MIAMI FL 33183

8701 S.W. 137TH AVE.
SUITE 200
MIAMI FL 33183

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

65-0718493

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

STERNSTEIN, GERALD B ESQ.
~~314 NORTH CALHOUN STREET~~
~~TALLAHASSEE FL 32304~~

Name

Gerald B. Sternstein, Esq.

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

8701 S.W. 137th Avenue, Suite 200

City

Miami

FL

Zip Code
33183

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 Gerald B. Sternstein, Esq.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-01

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 D ☐ Delete
NAME RIMMER, KENNETH G
STREET ADDRESS 8701 S.W. 137TH AVE., SUITE 200
CITY-ST-ZIP MIAMI FL 33183

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

TITLE D ☐ Delete
NAME ARRINGTON, ROBYN J JR
STREET ADDRESS 8701 S.W. 137TH AVE., SUITE 200
CITY-ST-ZIP MIAMI FL 33183

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

TITLE D ☐ Delete
NAME NAROWITZ, RANDY
STREET ADDRESS 8701 S.W. 137TH AVE., SUITE 200
CITY-ST-ZIP MIAMI FL 33183

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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, with all other like empowered.

SIGNATURE:

[Signature] **REQUIRED**