

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102008

1. Entity Name
T.P. INTERNATIONAL, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91080 030 ***158.75

Principal Place of Business
780 NORTHWEST LEJEUNE ROAD
SUITE 516
MIAMI FL 33126

Mailing Address
780 NORTHWEST LEJEUNE ROAD
SUITE 516
MIAMI FL 33126

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

65-1051739

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Aurelio A. Piedra

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

780 N.W. Le Jeune Rd # 516

City

MIAMI

FL

Zip Code

33126

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

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, 2001 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 PVST
NAME VILAR, RAUL E
STREET ADDRESS 780 NORTHWEST LEJEUNE ROAD SUITE 516
CITY-ST-ZIP MIAMI FL 33126

☐ Delete

TITLE D
NAME VILAR, RAUL E
STREET ADDRESS 780 NORTHWEST LEJEUNE ROAD SUITE 516
CITY-ST-ZIP MIAMI FL 33126

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

attachment
#P00000102008
766821

May 05, 2001.

**Florida Department of State
Division of Corporations**

To whom it may concern,

We filed our 2001 Uniform Business Report for T.P. International Inc. prior to the expiration date of May 1st.

Unfortunately, the file was returned just after May 1st in a U.S. Postal Service envelope.

A stamp in the back of the envelope read "DAMAGED IN HANDLING. PLEASE ACCEPT OUR APOLOGIES. US POSTAL SERVICE." (Copy is included)

The Bank Atlantic Cashier Check # 027703063 was not included in the envelope. (Copy included)

We made a stop payment (copy included) on that check, and got a new one that we are enclosing with our records.

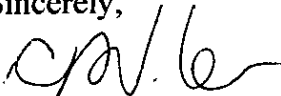
Enclosed you will find:

- 2001 UBR File
- Cashier check for \$ 158.75

- Copy of previous cashier check #027703063
- Copy of Stop Payment for check # 027703063
- Copy of Envelope for returned documentation.

Please, accept our apologies for a situation beyond our control.

Sincerely,



Carmen Vilar
Assistant to Raul Vilar



Attachment
#P00000102008
Official Check Stop Payment

766821

Date 05/02/2001 Branch/Department DANIA By MATHLYN FORBES

Stopped Check Number 027703063

AMEX Authorization Code 124500 1 (800) 943-6524

Check Amount \$ 158.75 Payee FLORIDA DEPARTMENT OF STATE

Type of Check:

- | | | |
|--|------------------------------|---------------------|
| <input type="checkbox"/> Bill Payment | Responsibility Center: | <u>0001004</u> |
| <input type="checkbox"/> Consumer Loan | Branch Phone Number: | <u>954-923-6556</u> |
| <input type="checkbox"/> Interest | Issue Date of Stopped Check: | <u>04/27/01</u> |
| <input type="checkbox"/> Loan Service | GL/Account Number Debited: | <u>55254666</u> |
| <input type="checkbox"/> Mortgage Loan | AMEX Agent Number: | <u>041650</u> |
| <input type="checkbox"/> Operating | | |
| <input checked="" type="checkbox"/> Teller | | |

Reason for Stop Payment LOST IN MAIL

Check Reissued:

- ☐ Yes Reissued Check Number _____
- ☒ No

I agree to indemnify and hold BankAtlantic harmless against any and all loss, damage, claim, liability or expense (including attorneys' fees) for which BankAtlantic may become liable as a result of BankAtlantic's compliance with my stop payment request. Furthermore, I agree to indemnify and hold American Express harmless against any and all loss, damage, claim, liability or expense (including attorneys' fees) for which American Express may become liable as a result of American Express's compliance with my stop payment request.

for Phone Call

Customer Signature

Customer
Accounting
Branch

Fax to AMEX 1 (801) 965-5110

Blackman
#P00000102008
766821

TELLER'S CHECK



BankAtlantic
P.O. Box 8508
Fort Lauderdale, Florida 33310-8508

APRIL 24, 2004

Purchase of an indemnity bond may be required before
this item will be replaced in the event it is lost, stolen
or misplaced.

027703083

25-30-40

\$158.74

Amount \$ONE HUNDRED FIFTY EIGHT DOLLARS AND SEVENTY FIVE CENTS**

Amount

Pay to the Order of ***FLORIDA DEPARTMENT OF STATE***
Keep this copy for your record of the transaction. To report a
loss or for any other information about the instrument contact
the institution from which you received the instrument.

Remitter I.P. INTERNATIONAL, INC.
DIVISION OF CORPORATION

Issued by American Express Travel Related Services Company, Inc., New York, NY
To Bank One, NA, Columbus, OH

Drawer: BankAtlantic

NON-NEGOTIABLE
Authorized Signature

attachment
#P00000102908
76682

DAMAGED IN HANDLING
PLEASE ACCEPT OUR APLOGIES
U.S. POSTAL SERVICE

DAMAGED IN HANDLING
PLEASE ACCEPT OUR APLOGIES
U.S. POSTAL SERVICE

EP 189

UNITED STATES
POSTAL SERVICE

First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Interpretation, Inc.

30 N. 3rd (apartment 3d)

at #516

FL 33126

Attachment
700000010200
766821