

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000022685

1. Entity Name

T.N.T. ENTERPRISES OF SOUTH FLORIDA, INC.

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90084 046 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 30370 OLD DIXIE HWY., PMB 185  
 HOMESTEAD FL 33033

Mailing Address  
 30370 OLD DIXIE HWY., PMB 185  
 HOMESTEAD FL 33033

2. Principal Place of Business  
 701 S. HOMESTEAD BLVD  
 Suite, Apt. #, etc.  
 # 7

3. Mailing Address  
 815 N. HOMESTEAD BLVD.  
 Suite, Apt. #, etc.  
 # 448

City & State  
 HOMESTEAD FL

City & State  
 HOMESTEAD FL

Zip  
 33030

Country  
 MIAMI-DADE

Zip  
 33030

Country  
 MIAMI-DADE

4. FEI Number  
 65-1085531

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WELLS, THERESA A  
 30370 OLD DIXIE HWY.  
 HOMESTEAD FL 33033

7. Name and Address of New Registered Agent  
 THERESA A WELLS  
 Street Address (P.O. Box Number is Not Acceptable)  
 815 N. HOMESTEAD BLVD #448  
 City  
 HOMESTEAD FL Zip Code  
 33030

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 fee is 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THERESA A. WELLS 815 N. HOMESTEAD BLVD #448 HOMESTEAD FL 33030	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NORMAN WELLS 815 N. HOMESTEAD BLVD #448 HOMESTEAD FL 33030	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Theresa A. Wells*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02  
 Date

305  
 248-6096  
 Daytime Phone #

CR2034 (9/01)