

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90496 001 ***150.00

0174004 AV

DOCUMENT # P01000022685

1. Entity Name

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



Principal Place of Business

701 S HOMESTEAD BLVD #7
HOMESTEAD FL 33030

Mailing Address

815 N HOMESTEAD BLVD #448
HOMESTEAD FL 33030

2. Principal Place of Business

701 S. Homestead Blvd #7

3. Mailing Address

815 N. Homestead Blvd.

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#448

City & State

Homestead FL

City & State

Homestead FL

4. FEI Number

65-1085531

Applied For

Not Applicable

Zip

33030

Country

MIAMI-DADE

Zip

33030

Country

MIAMI-DADE

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WELLS, THERESA A

815 N HOMESTEAD BLVD #448

HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS WELLS, THERESA A
CITY-ST-ZIP 815 N HOMESTEAD BLVD #448
HOMESTEAD FL 33030

TITLE ☐ Delete
NAME D
STREET ADDRESS WELLS, NORMAN
CITY-ST-ZIP 815 N HOMESTEAD BLVD #448
HOMESTEAD FL 33-0330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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 607, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

305

248-6096

Daytime Phone #

CR2E034 (10/02)