

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050249

1. Entity Name

TC - SSB, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90016 002 ***158.75

Principal Place of Business

Mailing Address

1550 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179

P.O. BOX 170770
O/O SKYLAKE STATE BANK
HIALEAH FL 33017-0770
US

2. Principal Place of Business

3. Mailing Address

7900 MIAMI LAKES DR WEST

Suite, Apt. #, etc.

KNB ACCOUNTING DEPT

Suite, Apt. #, etc.

KNB ACCT DEPT

City & State

City & State

MIAMI LAKES, FL

Zip 33016

Country USA

Zip

Country

4. FEI Number

65-0423730

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

ROSENBERG, DONALD S
1 S.E. 3RD AVE.
SUITE 2600
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

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, 2000 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 D
NAME BIGGS, WILLIAM
STREET ADDRESS 1550 N.E. MIAMI GARDENS DR.
CITY-ST-ZIP N. MIAMI BEACH FL 33179 ☐ Delete

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

TITLE V
NAME HIME, MOLLY A
STREET ADDRESS 1550 N.E. MIAMI GARDENS DR.
CITY-ST-ZIP N. MIAMI BEACH FL 33179 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
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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

1/13/2000

(305) 364-4268

Date

Daytime Phone #