

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90194 007 ***150.00

DOCUMENT # P94000008028

1. Entity Name

T AND W SUBSTANTIAL INC.

Principal Place of Business

**7930 N.W. 36TH ST.
 BAY 7 & 8
 MIAMI FL 33166**

Mailing Address

**7930 N.W. 36TH ST.
 BAY 7 & 8
 MIAMI FL 33166**

2. Principal Place of Business

7902 NW 36 ST #7

3. Mailing Address

7902 NW 36 ST #7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL

MIAMI, FL

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0454319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MCGAREY, WENDY
 7930 N.W. 36TH ST.
 BAY 7 & 8
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **Wendy McGarey WILLS**

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

7902 NW 36 ST #7

City **MIAMI**

FL

Zip Code **33166**

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 **Wendy McGarey Wills**

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

(NOTE: Registered Agent signature required when reinstating)

4/24/02

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

TITLE **P** ☐ Delete
 NAME **MCGAREY, WENDY**
 STREET ADDRESS **10190 SW 198TH ST**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
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 CITY-ST-ZIP

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:

Wendy McGarey Wills
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (305) 592-7827
 Date Daytime Phone #

CR2E034 (9/01)