

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000052949

1. Entity Name

T F W SALES, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90333 047 ***150.00

Principal Place of Business

1170 A1A, #203
HILLSBORO BEACH FL 33062

Mailing Address

1170 A1A, #203
HILLSBORO BEACH FL 33062

2. Principal Place of Business

1605 S.W. 20TH AVE. 1605 S.W. 20TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

Country

33486

PALM BEACH

Zip

Country

33486

PALM BEACH

6. Name and Address of Current Registered Agent

FINEBERG, LIBO B
3500 GATEWAY DR.
SUITE 201
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

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, 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

TITLE NAME PT WERKING, PATRICIA R ☐ Delete
STREET ADDRESS ~~1170 A1A, #203~~
CITY-ST-ZIP ~~HILLSBORO BEACH FL 33062~~

TITLE NAME VS WERKING, RALEIGH R ☐ Delete
STREET ADDRESS ~~1170 A1A, #203~~
CITY-ST-ZIP ~~HILLSBORO BEACH FL 33062~~

TITLE NAME VAS FINEBERG, LIBO B ☐ Delete
STREET ADDRESS 3500 GATEWAY DR., SUITE 201
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1605 S.W. 20TH AVE.
CITY-ST-ZIP BOCA RATON, FL 33486
TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1605 S.W. 20TH AVE.
CITY-ST-ZIP BOCA RATON, FL 33486

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)