

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072455

1. Entity Name

TBI ENTERPRISES, INC.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90019 013 \*\*\*150.00

Principal Place of Business

Mailing Address

100 W CYPRESS CREEK RD SUITE 700  
FT LAUDERDALE FL 33309

PO BOX 5549  
LIGHTHOUSE POINT FL 33074-5549  
US

2. Principal Place of Business

727 NE 3 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite 201

City & State

FT. Lauderdale, FL

City & State

Zip

Country

Zip

Country

33304

USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0527754

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

THOMSON, MARK D ESQ  
GREENSPOON MARDER HIRSCHFELD & RAFKIN PA  
100 W CYPRESS CREEK RD SUITE 700  
FT LAUDERDALE FL 33309

Name

Jeffrey N Ivashuk Esq.

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

Law Offices of Jeffrey N Ivashuk, PA

727 NE 3 Ave, Suite 201

City

FT. Lauderdale

FL

Zip Code

33304

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

*Jeffrey N Ivashuk*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
D IVASHUK, TARA B PO BOX 5549 N/A LIGHTHOUSE POINT FL 33074			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Tara B Ivashuk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00  
Date

1-868-248-5978  
Daytime Phone #

CR2E034 (9/99)