## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P95000046607** FILED 1. Entity Name 00 APR 25 PM 1:45 T&T ENTERPRISES OF PEMBROKE PINES. INC. SECRETARY OF STATE TARRAMASSEE, FLORIDA Principal Place of Business Mailing Address PEMBROKE LAKES MALL, SPACE NO. 678 PEMBROKE LAKES MALL, SPACE NO. 678 11401 PINES BOULEVARD 11401 PINES BOULEVARD PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026-4117 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0585524 Not Applicable Zip Country \$8,75 Additional Żip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHALEN, TIMOTHY L Street Address (P.O. Box Number is Not Acceptable) 301 CLEMATIS STREET SUITE 200 WEST PALM BEACH FL 33401 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 9000032382245 DST ☐ Delete TITLE TITLE NAME NAME TIBBETTS, KATHERYN E ns/n3/nn--01131--009 STREET ADDRESS STREET ADDRESS 10336 178TH COURT SOUTH \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIF CITY-ST-ZIP **BOCA RATON FL 33498** Change ☐ Addition DP Delete TITLE TITLE TIBBETTS, DAVID W NAME NAME STREET ADDRESS STREET ADDRESS 10336 178TH COURT SOUTH CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAMÉ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description:

TAT Enterpulsion of hear Yes, I wish to participate in the Guaranteed Corporation Report Program. Qχ to participate and will I do not wish responsibility for the timely filing and payment of this annual report. Special Power of Attorney President of T&T Enterprises of DAVID Pembroke Pines Inc, hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in the signature area the Florida Department of State Profit Corporation Annual Report on behalf of T&T Enterprises of Pembroke Fines Inc.. This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.

Printed name

Procident.