

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062744

1. Entity Name

TMC FRANCHISE, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90018 020 ***150.00

Principal Place of Business

633 NE 167 ST
SUITE 1002
N MIAMI BEACH FL 33162
US

Mailing Address

633 NE 167 ST
SUITE 1002
NO MIAMI BEACH FL 33162-2448
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

99 NW MIAMI Gardens Dr
Suite, Apt. #, etc.
206

3. Mailing Address

99 NW MIAMI Gardens Dr
Suite, Apt. #, etc.
206

City & State
North Miami Beach, FL

Zip
33169

Country
USA

City & State
North Miami Beach, FL

Zip
33169

Country
USA

4. FEI Number 58-2188098

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

DARROW, KENNETH F
DADELAND TOWERS NORTH, SUITE 412
9200 SOUTH DADELAND BLVD.
MIAMI FL 33156

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]

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, JUNE	
STREET ADDRESS	633 N.E. 167 STREET, SUITE 1002	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, LAURENCE	
STREET ADDRESS	633 N.E. 167 STREET, SUITE 1002	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	99 NW MIAMI Gardens Dr. Ste 206
CITY-ST-ZIP	NORTH MIAMI Beach, FL 33169
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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] June Weiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00 305-690-9896

CR2E034 (9/99)