# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 09, 2002 8:00 am**
**Secretary of State**
05-09-2002 90085 012 ***150.00

DOCUMENT # P95000077501

1. Entity Name
TPF MANAGEMENT, INC.

Principal Place of Business
6856 ENTRADA PL
BOCA RATON FL 33433

Mailing Address
P.O. BOX 880072
BOCA RATON FL 33488-0072

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0614489
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SILBERNIK, MARTIN
6856 ENTRADA PL
BOCA RATON FL 33433

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | Delete |
|---|---|
| D<br>SILBERNIK, MARTIN<br>6856 ENTRADA PL<br>BOCA RATON FL 33433 | ☐ |
| D<br>SILBERNIK, MARDA<br>6856 ENTRADA PL<br>BOCA RATON FL 33433 | ☐ |
| | ☐ |
| | ☐ |
| | ☐ |
| | ☐ |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 4/24/02 561-488-4537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)