

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021759

1. Entity Name

TTA OF FLORIDA, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90036 050 ***150.00

00001322



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1791 BLOUNT ROAD
SUITE 905
POMPANO BEACH FL

Mailing Address

1791 BLOUNT ROAD
SUITE 905
POMPANO BEACH FL

2. Principal Place of Business

2630 Aloe Ave

3. Mailing Address

2630 Aloe Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Creek FL

City & State

Coconut Creek FL

4. FEI Number

65-0667814

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

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

RANDAZZO, VINCENT
1791 BLOUNT ROAD
SUITE 905
POMPANO BEACH FL 33069

Name

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

2630 Aloe Ave

City

Coconut Creek

FL

Zip Code

33063

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	RANDAZZO, VINCENT	
STREET ADDRESS	2630 ALOE AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	RANDAZZO, ROCHELLE	
STREET ADDRESS	2630 ALOE AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)