

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000058527**

1. Entity Name

TREASURE COAST INVESTMENTS OF SOUTH FLORIDA, INC**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90078 015 ***150.00

Principal Place of Business

Mailing Address

14049 HARBOR LANE
PALM BEACH GARDENS FL 33410
US**14049 HARBOR LANE**
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

3. Mailing Address

95 MERRICK WAY**P.O. Box 2118**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 505City & State
CORAL GABLES, FLCity & State
DILLON, COZip
33134Country
USAZip
80435Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, HAYES G
95 MERRICK WAY
SUITE 505
CORAL GABLES FL 33134

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME **DVS**
STREET ADDRESS **WOOD, HAYES G**
CITY-ST-ZIP **95 MERRICK WAY, STE 505**
CORAL GABLES FL 33134TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **KISH, MICHAEL**
CITY-ST-ZIP **14049 HARBOR LANE**
PALM BEACH GARDENS FL 33410TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

MICHAEL W. KISH

Date

Daytime Phone #

1/12/2001 970-513-1717

CR2E034 (10/00)