

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059769

1. Entity Name
T & M SECURITY AND INVESTIGATIVE-SERVICES, INC.

Principal Place of Business
917 S.E. 17TH STREET
DEERFIELD BEACH FL 33441

Mailing Address
275 SEVENTH AVENUE
NEW YORK NY 10001
US

2. Principal Place of Business

3. Mailing Address
32 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.
1200

City & State

City & State
NEW YORK NY

Zip

Country

Zip
10004

Country
USA

4. FEI Number 11-2574278

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 VSC
NAME TROTTA, ROBERT
STREET ADDRESS 215 E 68TH PT APT 6C
CITY-ST-ZIP NEW YORK NY 10021 ☐ Delete

TITLE P
NAME ROBERT TROTTA
STREET ADDRESS 22 WESTGATE BOULEVARD
CITY-ST-ZIP PLANDOME NY 11030 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VTS
NAME ROBERT S. TUCKER
STREET ADDRESS 215 E. 68TH STREET APT. 6C
CITY-ST-ZIP NEW YORK NY 10021 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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 an address, with all other like empowered.

SIGNATURE:

ROBERT S. TUCKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/14/00

Date

(212) 422-0000

Daytime Phone #

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90162 011 ***558.75



DO NOT WRITE IN THIS SPACE