

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059892

1. Entity Name

T.N.T. AUTOMOTIVE ENTERPRISES, INC.

Principal Place of Business

600 SW 22ND AVE
MIAMI FL 33135

Mailing Address

400 NW 61 AVE
MIAMI FL 33126-4642

2. Principal Place of Business

3. Mailing Address

451 Hunting Lodge Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI Springs, Florida

Zip

Country

Zip

Country

33166

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTRO, JOSE E
218 ALMERIA AVE
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	TRUJILLO, OSVALDO	400 NW 61ST AVE	MIAMI FL 33126	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DST	TRUJILLO, ALICIA	400 NW 61ST AVE	MIAMI FL 33126	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	TRUJILLO, MARIA	6161 NW 40TH ST	VIRGINIA GARDENS FL 33166	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Alicia M. Pascual Trujillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

(305) 347 4098

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90051 041 ***150.00

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DO NOT WRITE IN THIS SPACE