

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA6000064764**

1. Entity Name

TNT Acquisitions Corp.

FILED

01 MAR -8 PM 3:56

Principal Place of Business

Farm Stores

Mailing Address

**148 Corinthian Circle
Jupiter, FL 33458**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Farm Stores

3. Mailing Address

148 EAST 4TH AVE.

Suite, Apt. #, etc.

4295 EAST 4TH AVE.

Suite, Apt. #, etc.

FL

City & State

Hialeah, FL

City & State

FL

Zip

33166

Country

USA

Zip

33458

Country

USA

400003924704--0

-03/23/01--01009--007

*****1050.00 ***1050.00**

REINSTATEMENT

9901

4. FEI Number

605-0695105

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Richard N. Trotta
148 Corinthian Circle
Jupiter, FL 33458**

7. Name and Address of New Registered Agent

Name

Street Address (R.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

Keell W. Trotta

(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)

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**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

**Vice President
Richard N. Trotta
148 CORINTHIAN CIRCLE
JUPITER, FL 33458**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-624-5799

CR2E034 (11/00)