

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069402

1. Entity Name

TGIM INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90034 041 \*\*\*150.00

Principal Place of Business

Mailing Address

3116 N. FEDERAL HIGHWAY  
UNIT 375  
LIGHTHOUSE POINT FL 33064

3116 N. FEDERAL HIGHWAY  
UNIT 375  
LIGHTHOUSE POINT FL 33064-6738



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2436 N. FEDERAL Hwy.

2436 N. FEDERAL Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #375

Suite #375

City & State

City & State

Lighthouse Point

Lighthouse Point, FL

Zip

Zip

Country

Country

33064 USA

33064 USA

4. FEI Number

65-0686096

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

HAY, GEORGE A  
2428 SE 10TH ST  
POMPANO BEACH FL 33062

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

George M. Hay

2/2/00

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HAY, GEORGE 3116 N. FEDERAL HIGHWAY, UNIT 375 LIGHTHOUSE POINT FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HAY, GEORGE 2428 SE 10TH ST POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 reports 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

George M. Hay 2/2/00

Date

954-788-6634

CR2E034 (9/99)