

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084983

1. Entity Name

TDM HOSPITALITY, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90006 045 ***150.00

Principal Place of Business

Mailing Address

181 OCEAN AVENUE
PALM BEACH SHORES FL 33404

181 OCEAN AVENUE
PALM BEACH SHORES FL 33404-5761

2. Principal Place of Business

3. Mailing Address

1177 KANE CONCOURSE

1177 KANE CONCOURSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

Suite 201

City & State

City & State

BAY HARBOR, FL

BAY HARBOR, FL

Zip

Country

Zip

Country

33154

DADE

33154

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0710714

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

GOLDSTEIN, BRUCE M
181 OCEAN AVE
PALM BCH GARDENS FL 33404

Name

Street Address (P.O. Box Number is Not Acceptable)

1177 KANE CONCOURSE Ste. 201

City

BAY HARBOR

FL

Zip Code

33154

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
D
GOLDSTEIN, BRUCE M
181 OCEAN AVE
PALM BCH GARDENS FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1177 KANE CONCOURSE
STR. 201
BAY HARBOR, FL 33154 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-2000 (305) 865-5760

CR2E034 (9/99)