

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90006 045 \*\*\*150.00

**DOCUMENT # P96000084983**

1. Entity Name  
**TDM HOSPITALITY, INC.**

Principal Place of Business <b>181 OCEAN AVENUE          PALM BEACH SHORES FL 33404</b>	Mailing Address <b>181 OCEAN AVENUE          PALM BEACH SHORES FL 33404-5761</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1177 KANE CONCOURSE</b> Suite, Apt. #, etc. <b>Suite 201</b> City & State <b>BAY HARBOR, FL</b> Zip <b>33154</b> Country <b>DADE</b>	3. Mailing Address <b>1177 KANE CONCOURSE</b> Suite, Apt. #, etc. <b>Suite 201</b> City & State <b>BAY HARBOR, FL</b> Zip <b>33154</b> Country <b>DADE</b>
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4. FEI Number <b>65-0710714</b>	Applied For <input type="checkbox"/> Not Applicable
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b> <input type="checkbox"/> Delete <b>GOLDSTEIN, BRUCE M</b> <b>181 OCEAN AVE</b> <b>PALM BCH GARDENS FL 33404</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1177 KANE CONCOURSE</b> <b>STR. 201</b> <b>BAY HARBOR, FL 33154</b>
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
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
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
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
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

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

**3-16-2000** (305) 865-5760  
Date Daytime Phone #

CR2E034 (9/99)