

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099667

1. Entity Name

TMJ PROPERTIES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90047 024 ***150.00

Principal Place of Business

Mailing Address

C/O TERESA MILLER
2263 BAYVIEW LANE
NO MIAMI FL 33181
US

C/O TERESA MILLER
2263 BAYVIEW LANE
NO MIAMI FL 33181-2409
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0725766

Applied For

Not Applied For

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

ALTMAN, STUART H
100 SE 2ND ST. 17TH FLOOR
MIAMI FL 33131

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 PD
NAME MILLER, TERESA
STREET ADDRESS 2263 BAY VIEW LN
CITY-ST-ZIP NORTH MIAMI FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE VPSD
NAME MCINTOSH, MICHAEL S
STREET ADDRESS 2120 NW 95TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE VPTD
NAME CRESS, JULIE
STREET ADDRESS 2002 W CRESS RD
CITY-ST-ZIP SALEM IN 47167 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Delete

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:

Teresa Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00 305-893-7728