

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089800

1. Entity Name

T T H RECORDS, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90007 045 ***150.00

Principal Place of Business

729 S SEMORAN BLVD
ORLANDO FL 32807
US

Mailing Address

729 S SEMORAN BLVD
ORLANDO FL 32807-3121
US

2. Principal Place of Business

1380 Yellow Pine Ct.
Suite, Apt. #, etc.

3. Mailing Address

PO Box 195908
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Springs, FL

City & State

Winter Springs, FL

4. FEI Number

59-0516005

Applied For

Not Applicable

Zip

32708

Country

US

Zip

32719-5908

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRES, HECTOR
729 SOUTH SEMORAN BLVD
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name

Hector Torres

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

1380 Yellow Pine Ct.

City

Winter Springs

FL

Zip Code

32708

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TORRES, HECTOR	
STREET ADDRESS	729 S. SEMORAN BLVD	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TORRES, ANIBAL	
STREET ADDRESS	729 S. SEMORAN BLVD	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TORRES, ANA T	
STREET ADDRESS	729 S. SEMORAN BLVD	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hector L. Torres	
STREET ADDRESS	1380 Yellow Pine Ct.	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	Vice-Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anibal Torres	
STREET ADDRESS	4426 Glenview Ln.	
CITY-ST-ZIP	Winter PK, FL 32792	
TITLE	Sec. T. Torres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ana T. Torres	
STREET ADDRESS	4426 Glenview Ln.	
CITY-ST-ZIP	Winter PK, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment # P97000089800
B0106506

TTH Records, Inc.
PO Box 195908
Winter Springs, FL 32719

August 29, 2000

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

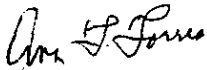
To Whom It May Concern:

Due to my heart attack and subsequent bypass surgery I was unable to comply at the appropriate time for the renewal of our corporation TTH Records, Inc.. I hope that under the circumstances you will accept my enclosed payment.

If any information is needed to support my reason please do not hesitate to contact me at 407-359-8595.

Thanking you in advance for your understanding and attention to this matter, I remain,

Respectfully,



Ana T. Torres