

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90020 010 ***150.00

DOCUMENT # P98000001515

1. Entity Name

T & C TRADING GROUP, INC.

Principal Place of Business

**1100 CLIFFROSE ST.
 HOLLYWOOD FL 33019**

Mailing Address

**PO BOX 39813
 FT. LAUDERDALE FL 33339**

2. Principal Place of Business

3. Mailing Address

1100 Cliffrose St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood Florida

Zip

Country

Zip

Country

23019

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWARTZ, ANDREW M
 1701 W. HILLSBORO BLVD., STE. 308
 DEERFIELD BEACH FL 33442**

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, 2001 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 ☐ Delete
 NAME **DPVS**
 STREET ADDRESS **MITRE, HECTOR M**
 CITY-ST-ZIP **1100 CLIFFROSE ST
 HOLLYWOOD FL 33019**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Hector M. Mitre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/00

Date

Daytime Phone #

CR2E034 (10/00)