2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State
01-24-2001 90042 001 ***150.00

031187

DOCUMENT # P98000024420

Entity Name

T&R HOLDING CORPORATION

Principal Place of Business	Mailing Address
3840 W. HILLSBORO BLVD. SUITE 219 DEERFIELD BEACH FL 33442	3840 W. HILLSBORO BLVD. SUITE 219 DEERFIELD BEACH FL 33442

B0009300

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 KNUTH ROAD	200 KNUTH ROAD
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 100
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33436 Country: PALM BEACH	Zip: 33436 Country: PALM BEACH

4. FEI Number 65-0931807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSAMILIA, ANTHONY JR.
3840 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

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 _____ 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSAMILIA, ANTHONY JR. 3840 W. HILLSBORO BLVD. SUITE 219 DEERFIELD BEACH FL 33442	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NITTOLO, ROBERT 6987 THICKET TRACE LAKE WORTH FL 33467	☐ Delete	D NITTOLO, Robert 7522 Greenville Circle LAKEWORTH, FL 33437	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 1/10/01 561 740 9810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #