

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043826

1. Entity Name

T-3 HOLDINGS, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90014 034 ***150.00

340308



DO NOT WRITE IN THIS SPACE

Principal Place of Business 506 S.E. 8 STREET FT LAUDERDALE FL 33316	Mailing Address 506 S.E. 8 STREET FT LAUDERDALE FL 33316
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2. Principal Place of Business	3. Mailing Address P.O. Box 290763
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Davie, Fla.	4. FEI Number 65-0842414	Applied For
Zip 33329	Country USA	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHECHTMAN, JENNIFER L CPA 9050 PINES BLVD SUITE 205 PEMBROKE PINES FL 33024	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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	P PASTERNAK, CAROL P.O. BOX 290763 DAVIE FL 33329	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P + Director Pasternak, Carol PO Box 290763 Davie, Fla. 33329.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Carroll Jennifer L. Pasternak, Inc.* 4/1/01 954-797-6345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #