

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**  
05-21-2002 90889 032 \*\*\*150.00

DOCUMENT # P98000099410

1. Entity Name

T & M OF PALM BEACH, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2812 E. MAIN ST.

3. Mailing Address  
2812 E. MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PAHOKEE FL

City & State  
PAHOKEE FL

4. FEI Number  
65-0875609

Applied For  
Not Applicable

Zip  
33476

Country

Zip  
33476

Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
HEFFERNAN, RICHARD L.

Street Address (P.O. Box Number is Not Acceptable)  
2911 E MAIN ST.

City  
PAHOKEE FL Zip Code  
33476

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 Not Required when Representing)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	MAHFUZ, ABDUL	5594 DUCKWEED ROAD LAKE WORTH FL 33467				

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-29-02-561-752-0103