

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90072 035 ***150.00

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DOCUMENT # P990000002941

1. Entity Name

T.M. GRIFFEN MANAGEMENT COMPANY

Principal Place of Business

**9485 SUNSET DRIVE, SUITE A-145
MIAMI FL 33173**

Mailing Address

**9485 SUNSET DRIVE, SUITE A-145
MIAMI FL 33173**

2. Principal Place of Business

9 NORTH BOUNTY LANE

Suite, Apt. #, etc.

3. Mailing Address

9 NORTH BOUNTY LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KEY LARGO FL.

Zip

33037

Country

USA

City & State

KEY LARGO FL

Zip

33037

Country

USA

4. FEI Number

65-0894815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFEN, ROLFE

**9485 SUNSET DRIVE, SUITE A-145
MIAMI FL 33173**

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, 2002 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** ☐ Delete
NAME **GRIFFEN, ROLFE**
STREET ADDRESS **9485 SUNSET DRIVE, SUITE A-145**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

ROLFE GRIFFEN PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 26, 2002 305-852-3933

Date

Daytime Phone #

CR2E034 (9/01)