

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007644

1. Entity Name

Treas-Resistable Interviews Inc

**FILED**  
Jun 07, 2000 8:00 am  
Secretary of State

06-07-2000 90005 043 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

11530 NW 29th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise Florida

City & State

4. FEI Number

65-088722

Applied For

Not Applicable

Zip

33323

Country

Broward

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Treas, William  
11530 NW 29th Place  
Sunrise Florida 33323

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

William J. Treas William Treas President

5-1-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent sign

d 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, 2000. Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$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  
President  
William Treas  
11530 NW 29th Place  
Sunrise Florida 33323

☐ Delete

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

William J. Treas President

5-1-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #