

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90075 045 ***150.00

DOCUMENT # P99000008045

1. Entity Name

T & S INSTALLATIONS, INC.

Principal Place of Business

9981 NW 9TH CT
 PLANTATION FL 33324

Mailing Address

9981 NW 9TH CT
 PLANTATION FL 33324

2. Principal Place of Business

4153 SW 47th Street

3. Mailing Address

4153 SW 47th Street

Suite, Apt. #, etc.

Suite # 171

Suite, Apt. #, etc.

Suite # 171

City & State

Davie, Florida

City & State

Davie, Florida

Zip

33314

Country

Forward

Zip

33314

Country

Forward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0888458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRUSTEIN, SETH
 9981 NW 9TH CT
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Seth Brustein

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BRUSTEIN, SETH	
STREET ADDRESS	9981 NW 9TH CT	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBER, TIM	
STREET ADDRESS	4692 SW 65TH AVE.	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Seth Brustein Seth Brustein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01 (954) 321-3414

Date

Daytime Phone #

CR2E034 (10/00)