

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90038 048 ***158.75

0150690

DOCUMENT # P99000060096

1. Entity Name
TPC NATIONS, INC.

Principal Place of Business

Mailing Address

**501 BRICKELL KEY DRIVE
 SUITE 509
 MIAMI FL 33131**

**501 BRICKELL KEY DRIVE
 SUITE 509
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

2601 South Bayshore Dr.

2601 South Bayshore Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700

700

City & State
Miami FL

City & State
Miami FL

4. FEI Number **65-0932480**

Applied For

Not Applicable

Zip **33133**

Country **USA**

Zip **33133**

Country **USA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

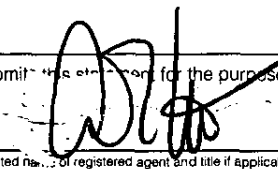
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, H. WILLIAM JR.
 501 BRICKELL KEY DRIVE
 SUITE 509
 MIAMI FL 33131**

Name **ANDREW R. WEISS**
 Street Address (P.O. Box Number is Not Acceptable) **2601 S. BAYSHORE DRIVE**
700
 City **MIAMI** FL Zip Code **33133**

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 

ANDREW R. WEISS 4/23/01

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	Delete
	D	WALKER, H. WILLIAM JR.	501 BRICKELL KEY DRIVE SUITE 509	<input checked="" type="checkbox"/>
		MIAMI FL 33131		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P	DARRYL PARMENTER	2601 S. BAYSHORE DR. #700	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		MIAMI, FL 33133			
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/15/01** Daytime Phone # **305-379-7500**

CR2E034 (10/00)