

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062348

1. Entity Name

T.P.C. PRINTING & GRAPHICS, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90058 026 ***150.00

Principal Place of Business

Mailing Address

~~1556 E. COMMERCIAL BOULEVARD~~
~~FORT LAUDERDALE FL 33334~~

~~1556 E. COMMERCIAL BOULEVARD~~
~~FORT LAUDERDALE FL 33334-5732~~

2. Principal Place of Business

4585 N. DIXIE Hwy.

3. Mailing Address

4585 N. DIXIE Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33334

Country

Zip

33334

Country

4. FEI Number

65-0942285

Applied For

Not Applicable

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

WEISSMAN, HAROLD ESQUIRE
1776 PINE ISLAND ROAD
SUITE 118
PLANTATION FL 33322

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, 2000 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 ☐ Delete
NAME ROBINS, HARVEY
STREET ADDRESS 9825 FAIRWAY COVE LANE
CITY-ST-ZIP PLANTATION FL

TITLE D ☐ Delete
NAME ROBINS, JULIETTA
STREET ADDRESS 9825 FAIRWAY COVE LANE
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY ROBINS

Date

1/10/00 954-489-2245

Daytime Phone #

CR2E034 (9/99)