

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

PA9000073436

1. Entity Name

TNH & ASSOCIATES, INC.

FILED

01 JUL 13 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4400 North Federal Highway
Suite 210-16
Boca Raton, Florida 33431

2. Principal Place of Business

4400 N. Federal Highway

3. Mailing Address

4400 N. Federal Highway

Suite, Apt. #, etc.

Suite 210-16

Suite, Apt. #, etc.

Suite 210-16

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-0945922

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Joshua G. Gerstin, Esq.
Law Offices of Joshua G. Gerstin, P.A.
1515 N. Federal Highway
Suite 300
Boca Raton, Florida 33432

7. Name and Address of New Registered Agent

Name

N/A

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

9/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Secretary/Treas. ☐ Delete
NAME Trista Harris
STREET ADDRESS 4400 N. Federal Highway, Ste. 210-16
CITY-ST-ZIP Boca Raton, Florida 33431

TITLE ☐ Change ☐ Addition
NAME 300004495763--4
STREET ADDRESS -07/25/01--01075--008
CITY-ST-ZIP *****900.00 *****420.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

TRISTA HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/00

Date

561 367 9900

Daytime Phone #

CR2E034 (9/99)