

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094260

1. Entity Name
TGMM, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90047 026 ***550.00

Principal Place of Business
C/O GILBERT A. CONTRERAS. ESQ.
1401 PONCE DE LEON BLVD. SUITE 401
CORAL GABLES FL 33134

Mailing Address
C/O GILBERT A. CONTRERAS. ESQ.
1401 PONCE DE LEON BLVD. SUITE 401
CORAL GABLES FL 33134

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4932 Fisher Island Dr.

3. Mailing Address
4932 Fisher Island Dr.

Suite, Apt. #, etc.

City & State
Fisher Island, FL

City & State
Fisher Island, FL

Zip
33109

Country
USA

Zip
33109

Country
USA

4. FEI Number
65-0995832

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent
CONTRERAS, GILBERT A ESQ.
1401 PONCE DE LEON BLVD.
SUITE 401
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Mary Ann Portell
Street Address (P.O. Box Number is Not Acceptable)
4932 Fisher Island Dr.
City
Fisher Island **FL** Zip Code
33109

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 **9/6/00**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D PORTELL, MARY ANN 1401 PONCE DE LEON BLVD. SUITE 401 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4932 Fisher Island Dr. Fisher Island FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/00 **305-710-5188**

Date Daytime Phone #