

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000098628

1. Entity Name

TCM EUROPEAN FOOD & WINE CORP.

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

04-25-2000 90058 027 ***150.00

Principal Place of Business

9407 FOUNTAINBLEAU BLVD.
UNIT 103
MIAMI FL 33172

Mailing Address

9407 FOUNTAINBLEAU BLVD.
UNIT 103
MIAMI FL 33172-5505

2. Principal Place of Business

7003 N. Waterway Dr.
Suite, Apt. #, etc.
209
Miami, FL

3. Mailing Address

7003 N. Waterway Dr.
Suite, Apt. #, etc.
209
Miami, FL



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0960909

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DHERS, HORACIO C
9407 FOUNTAINBLEAU BLVD.
UNIT 103
MIAMI FL 33172

7. Name and Address of New Registered Agent

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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 checked="" type="checkbox"/> Addition
NAME	P. Dhers, Horacio C.	
STREET ADDRESS	7003 North Waterway Dr. #209	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	S.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Graona, Carlos H.	
STREET ADDRESS	7003 North Waterway Dr. #209	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guittian, Jose M	
STREET ADDRESS	7003 North Waterway Dr. #209	
CITY-ST-ZIP	Miami, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/00

202-262-4111

Date

Daytime Phone #

CR2E034 (9/99)