

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S10912

1. Entity Name

TNT TREE FARMS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90046 010 ***550.00

Principal Place of Business

25790 SW 214TH AVE.
 HOMESTEAD FL 33031

Mailing Address

25790 SW 214TH AVE.
 HOMESTEAD FL 33031

2. Principal Place of Business

14465 SW 256 ST.

3. Mailing Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

4. FEI Number

65-0268175

Applied For

Not Applicable

Zip

33032

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~LUDOVICI, EDWARD P.
 730 PERDUE AVE.
 MIAMI FL 33157~~

7. Name and Address of New Registered Agent

Name TEDDY L. MONTANO, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

7721 SW 602 Ave.

Suite 101

City 3. Miami

FL

Zip Code 33143

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

9-13-00

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 \$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 | ST SNYDER, SUSAN G. 25790 SW 214TH AVE. HOMESTEAD FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCGOWAN, WALTER T., JR. 25790 SW 214TH AVE. HOMESTEAD FL | <input checked="" 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 | PRESIDENT THOMAS BOREK 14465 SW 256 ST. HOMESTEAD, FL 33032 | <input checked="" type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS BOREK
 PRESIDENT

9-13-00

305-951-1058

CR2E034 (5/00)