

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90038 047 ***158.75

DOCUMENT # V39092

1. Entity Name
TPC REALTY ADVISORS, INC.

Principal Place of Business
501 BRICKELL KEY DRIVE SUITE 509
MIAMI FL 33131
US

Mailing Address
501 BRICKELL KEY DRIVE SUITE 509
MIAMI FL 33131
US

2. Principal Place of Business
2601 S. BAYSHORE DRIVE

3. Mailing Address
2601 S. BAYSHORE DR.

Suite, Apt. #, etc.
700

Suite, Apt. #, etc.
700

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0350527**

Applied For
 Not Applicable

Zip **33133** Country **USA**

Zip **33133** Country **USA**

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

WALKER, H. WILLIAM JR.
501 BRICKELL KEY DRIVE
SUITE 509
MIAMI FL 33131

Name **ANDREW R. WEISS**
 Street Address (P.O. Box Number is Not Acceptable) **2601 S. BAYSHORE DRIVE**
SUITE 700
 City **MIAMI** **FL** Zip Code **33133**

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 reinstalling)

DATE

ANDREW R. WEISS 3/15/01

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, 2001 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 ☐ Delete
 NAME **PTS**
 STREET ADDRESS **PARMENTER, DARRYL W**
 CITY-ST-ZIP **501 BRICKELL KEY DRIVE SUITE 509**
MIAMI FL 33131

TITLE ☒ Change ☐ Addition
 NAME **2601 S. BAYSHORE DR, #700**
 STREET ADDRESS **MIAMI, FL 33133**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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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

Date

Daytime Phone #

 **DARRYL W. PARMENTER 3/15/01** **305/979-7500**

CR2E034 (10/00)