

# 2000 UNIFORM BUSINESS REPORT (UBR)

0195016

DOCUMENT # V39095

1. Entity Name

TPC ESPERANTE, INC.

FILED

00 MAY -4 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

501 BRICKELL KEY DRIVE  
509  
MIAMI FL 33131  
US

Mailing Address

501 BRICKELL KEY DRIVE  
509  
MIAMI FL 33131-2608  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0350529

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

\$158.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PARMENTER, DARRYL~~  
501 BRICKELL KEY DRIVE SUTE 509  
STE 1106  
MIAMI FL 33131

Name H. William Walker Jr.  
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

H. William Walker Jr 4/24/00

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

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 ☐ Delete  
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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

4/24/00

Date

305.379.2500

Daytime Phone #

KE

CR2E034 (9/99)