

2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # V40945

1. Entity Name

TPF "50/50", INC.

FILED

00 AUG -2 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

504 N PARKWAY
GOLDEN BCH FL 33160
US

504 N PARKWAY
GOLDEN BCH FL 33160-2253
US

2. Principal Place of Business

3. Mailing Address

210-174 ST. #1209

210-174 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1209

#1209

City & State

City & State

SUNNY ISLES BEACH FL

SUNNY ISLES BEACH FL

Zip

Zip

Country

Country

33160

33160

USA

4. FEI Number

65-0354003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATSMAN, MARK ESQ
9350 S. DIXIE HWY PH2
MIAMI FL 33156

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARTSIBACHEV, VLADIMIR 250 174TH ST., #301 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ARTSIBACHEV, VLADIMIR 250 174TH ST., #301 MIAMI FL	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 210-174 STREET MIAMI FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 210-174 STREET MIAMI FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003367980-04 -08/23/00--01006--019 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LS
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

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

7/25/2000

Date

Daytime Phone #

CR2E034 '99/99

2 of 2

Accounting Office
KIM MARKS, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT
11900 Biscayne Boulevard - Suite 290
North Miami, Florida 33181-2726

Toll Free USA: 888-895-5815
Internet: KimCPA@ix.netcom.com

Tel: (305) 895-5815
Fax: (305) 895-6273

July 27, 2000

Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

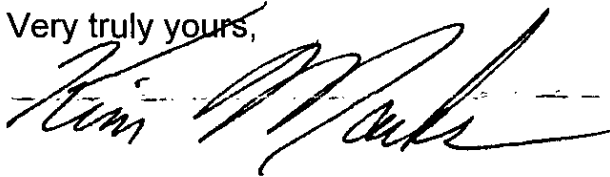
re: TPF 50/50, Inc. V40945

The company is enclosing a check for \$150.00 for renewal of the Uniform Business Report.

The report is late and the company would like an abatement of the penalty because they were out of the country and the report initially went to the incorrect address. The additional cost would be a financial hardship on the company.

Thanking you in advance for your kind and prompt attention in this matter, I remain.

Very truly yours,



Kim Marks, CPA