

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V67251

1. Entity Name  
TNA PALMS, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90088 010 \*\*\*150.00

0601550

Principal Place of Business  
11900 BISCAYNE BLVD  
105  
N MIAMI FL 33181  
US

Mailing Address  
P. O. BOX 381703  
MIAMI FL 33138  
US

2. Principal Place of Business  
7100 Biscayne Blvd  
Suite, Apt. #, etc.  
202

3. Mailing Address  
SAMS  
Suite, Apt. #, etc.

City & State  
Miami, FL

City & State

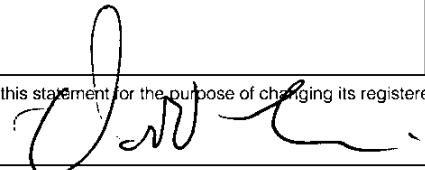
4. FEI Number 65-0363291  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LEONI, TODD  
11700 BISCAYNE BLVD 105  
SUITE 101  
N MIAMI FL 33181

7. Name and Address of New Registered Agent  
Name TODD LEONI  
Street Address (P.O. Box Number is Not Acceptable)  
7100 Biscayne Blvd  
Suite 202  
City Miami FL Zip Code 33138

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  DATE 1/5/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

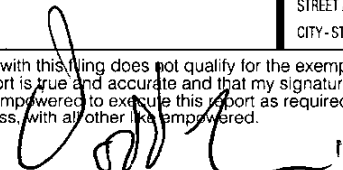
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |                                                                                                  |
|------------------------------------------------|--------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LEONI, TODD<br>11900 BISCAYNE BLVD 105<br>N MIAMI FL 33181 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>TODD, LEONI<br>11900 BISCAYNE BLVD 105<br>N MIAMI FL 33181 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                         |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P TODD LEONI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>7100 Biscayne Blvd #202<br>Miami, FL 33138 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ST TODD LEONI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>SAMS                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>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

1/5/01 305-756-1177  
Daytime Phone # 24112

CR2E034 (10/00)