

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

031187

DOCUMENT # P98000024420

Entity Name
T&R HOLDING CORPORATION

01-24-2001 90042 001 ***150.00

Principal Place of Business 840 W. HILLSBORO BLVD. SUITE 219 DEERFIELD BEACH FL 33442	Mailing Address 3840 W. HILLSBORO BLVD. SUITE 219 DEERFIELD BEACH FL 33442
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80009300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 200 KNUTH ROAD	3. Mailing Address 200 KNUTH ROAD
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100
City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL

4. FEI Number 65-0931807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional - Fee Required	
6. Name and Address of Current Registered Agent ROSAMILIA, ANTHONY JR. 3840 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442	7. Name and Address of New Registered Agent

Zip 33436	Country PALESTINE	Zip 33436	Country PALESTINE
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 *Anthony Jr. Rosamilia*
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. **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 NAME STREET ADDRESS CITY-ST-ZIP	D ROSAMILIA, ANTHONY JR. 3840 W. HILLSBORO BLVD. SUITE 219 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NITTOLO, ROBERT 6987 THICKET TRACE LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NITTOLO, Robert 7522 Greenville Circle LAKEWORTH, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Anthony Jr. Rosamilia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/10/01** Daytime Phone #: **(888) 740 9810**

CR2E034 (10/00)