## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 01, 2002 8:00 am Secretary of State DOCUMENT # F01000004809 1. Entity Name 05-01-2002 91484 031 \*\*\*150.00 TCH INTERNATIONAL, INC. Principal Place of Business Mailing Address 1979 LESUE STREET 1979 LESLIE STREET TORONTO, ONTARIO M3B 2M3 TORONTO, ONTARIO M3B 2M3 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 90-0002906 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. The above named ent $m{\ell}$ nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy FILE NOW!!! FEE IS \$150.00 ks Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NEFSKY, ALVIN L NAME STREET ADDRESS 1979 LESUE ST. STREET ADDRESS CITY-ST-ZIP TORONTO ONTARIO M3B 2M3 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NEFSKY, DEBRA NAME STREET ADDRESS 1979 LESLIE ST. STREET ADDRESS CITY-ST-ZIP TORONTO ONTARIO M3B 2M3 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 attackment with

**SIGNATURE:** 

**FILED**