

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90106 040 ***150.00

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DOCUMENT # P00000098646

1. Entity Name
T.D.D. FLORIDA CORP.

Principal Place of Business 25 SE 2ND AVE #220 MIAMI FL 33131 150 SE 2ND AVENUE, #1200 MIAMI, FL 33131	Mailing Address 25 SE 2ND AVE #220 MIAMI FL 33131 150 SE 2ND AVENUE, #1200 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 150 SE 2ND AVENUE Suite, Apt. #, etc. #1200	3. Mailing Address 150 SE 2ND AVENUE Suite, Apt. #, etc. #1200
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City & State MIAMI, FL	City & State MIAMI, FL
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Zip 33131	Country U.S.
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4. FEI Number 65-1048572	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HALAC, EDGAR D
~~25 SE 2ND AVE #220~~
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **BORIS ROSEN**
 Street Address (P.O. Box Number is Not Acceptable)
150 SE 2ND AVENUE, SUITE #1200
 City **MIAMI** FL Zip Code **33131**

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]* DATE **1-22-02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P HALAC, EDGAR DANIEL 25 SE 2ND AVE #220 MIAMI FL 33131 <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 type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131
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
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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]* **EDGAR D. HALAC**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: **1-22-02** DAYTIME PHONE #: **305-374-2001**

CR2E034 (9/01)