2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT#

2. Principal Place of Business

Suite, Apt. #, etc. -

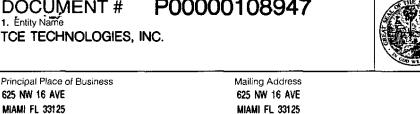
City & State

Zip

P00000108947

1. Entity Name

TCE TECHNOLOGIES, INC.



3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90142 029 ***150.00

11032873

☐ CHECK HERE IF MAKING C	CHANGES
FEI Number or 1000CEO	Applied For
65-1082650	Not Applicable
	8.75 Additional

HENDRICKS, ROBERT A 310 ALHAMBRA CIRCLE CORAL GABLES FL 33134

Country

7. Name and Address of New Tregistered Agent				
Name	 ;;			
	ور در • • ور در • • ور در • • ور در • ور در • ور در • و			
Street Address (P.O. Bo	x Number is Not Accept	able)		
City		FI	Zip Code	

Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered as

Country

SIGNATL :

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

4.

5.

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE Delete NAME BORDEN, JOHNATHAN R NAME STREET ADDRESS **625 NW 16 AVENUE** STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33125** CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME BORDEN, DILLARD R III NAME STREET ADDRESS STREET ADDRESS 625 NW 16 AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BORDEN, DILLARD R JR STREET ADDRESS STREET ADDRESS 625 NW 16 AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

