

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-11-2002 90160 021 ***150.00

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DOCUMENT # P94000027740

1. Entity Name
TYDI, INC.

Principal Place of Business
9020 WEST STATE ROAD 84
DAVIE, FL 33324

Mailing Address
PO BOX 15580
PLANTATION FL 33318

704401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
132 DOCKSIDE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WESTON FL.

4. FEI Number
59-3235975

Applied For
 Not Applicable

Zip Country

Zip Country
33327 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLPA, JULIAN F
9020 WEST STATE ROAD 84
PO BOX 15580
DAVIE FL 33324

Name **GOLPA JULIAN F.**
 Street Address (P.O. Box Number is Not Acceptable)
132 DOCKSIDE CIRCLE
 City **WESTON FL** Zip Code **33327**

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 Julian F. Golpa [Signature] 1/7/02
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. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOLPA, JULIAN F 9020 WEST STATE ROAD 84 DAVIE FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOLPA, JULIAN F. 132 DOCKSIDE CIRCLE WESTON, FL. 33327 <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
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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] Julian F. Golpa 1/7/02 (954)494-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)