

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2000 8:00 am
Secretary of State
 05-17-2000 90877 043 ***150.00

DOCUMENT # **F99000006760**
 Entity Name
TIMCO HOLDINGS I, INC.

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Principal Place of Business Mailing Address
N.W. 25TH STREET **6905 N.W. 25TH STREET**
FL 33122 **MIAMI FL 33122**

Principal Place of Business 3. Mailing Address
3701 Flamingo Road **3701 Flamingo Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **Miramar, FL** City & State **Miramar, FL** 4. FEI Number **65-0969330** Applied For
 Not Applicable
 Zip **33027** Country **USA** Zip **33027** Country **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
AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE, 28TH FLOOR
MIAMI FL 33131
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
C BAKER, DALE S 6905 N.W. 25TH STREET MIAMI FL 33122 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3701 Flamingo Road Miramar, FL 33027
P AFFELTRANGER, JOHN 6905 N.W. 25TH STREET MIAMI FL 33122 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3701 Flamingo Road Miramar, FL 33027
V INNELLA, JAMES D 6905 N.W. 25TH STREET MIAMI FL 33122 <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Michael Brant 3701 Flamingo Road Miramar, FL 33027
S SCHWARTZ, PHILIP B ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
V WOODY, HAROLD M 6905 N.W. 25TH STREET MIAMI FL 33122 <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3701 Flamingo Road Miramar, FL 33027
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Michael Brant* 4/26/00 954-538-6584
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)