


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90143 044 ***150.00

DOCUMENT # J00319

1. Entity Name
TLC TRADING CORP.



Principal Place of Business
**3132 FORTUNE WAY D-3
W. PALM BEACH FL 33414**

Mailing Address
**12765 FOREST HILL BLVD
SUITE 1302
WELLINGTON FL 33414**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2650841**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DE MENDOZA, MARIO G III
MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, SUITE 602
PALM BEACH FL 33480**

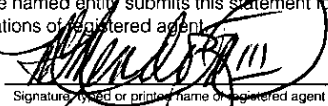
7. Name and Address of New Registered Agent

Name
Mario G. de Mendoza, III, P.A.

Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Boulevard, Suite 1302

City **Wellington** State **FL** Zip Code **33414**

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 agent.

SIGNATURE  **Mario G. de Mendoza, III, President** DATE **01/16/03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> Delete
NAME COPPOLA, ANTHONY L.	
STREET ADDRESS 13667 EAST CITRUS DR	
CITY-ST-ZIP LOXAHATCHEE FL	
TITLE V	<input type="checkbox"/> Delete
NAME COPPOLA, JESSICA S	
STREET ADDRESS 13667 E CITRUS DR	
CITY-ST-ZIP LOXAHATCHEE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Coppola, Anthony L.	
STREET ADDRESS 11967 Polo Club Road	
CITY-ST-ZIP Wellington, Florida 33414	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Coppola, Jessica S	
STREET ADDRESS 12765 Forest Hill Boulevard, Suite 1302	
CITY-ST-ZIP Wellington, Florida 33414	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 another like empowered.

SIGNATURE  **Anthony L. Coppola, President** DATE **1-20-03** DAYTIME PHONE # **(561) 793-2012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)