

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90262 018 ***150.00

DOCUMENT # K17105

1. Entity Name
TC TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
% ALFRED FINKELSTEIN **% ALFRED FINKELSTEIN**
6401 GALLOWAY ROAD, 87TH AVENUE, S.W. **6401 GALLOWAY ROAD, 87TH AVENUE, S.W.**
MIAMI FL 33173 **MIAMI FL 33173**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0039202** Applied For
 Not Applicable

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

FINKELSTEIN, ALFRED
6401 GALLOWAY ROAD
87TH AVENUE, S.W.
MIAMI FL 33173

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City Zip Code

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, 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, 2001 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

TITLE ☐ Delete
 NAME **D MYERS, RONALD B.**
 STREET ADDRESS **17105 TOP SIDE**
 CITY-ST-ZIP **WARTON NJ**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D MYERS, LANCE D.**
 STREET ADDRESS **200 E. END AVE., 2L**
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D KAHN, LAURENCE H.**
 STREET ADDRESS **350 CRESTMONT RD**
 CITY-ST-ZIP **CEDAR GROVE NJ**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D BROWN, RICHARD A**
 STREET ADDRESS **1930 HARBORSIDE DR.**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE ☒ Change ☐ Addition
 NAME **Brown, Richard A.**
 STREET ADDRESS **2377 Gulf of Mexico Dr.**
 CITY-ST-ZIP **Longboat Key, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Laurence Kahn Laurence Kahn 4-17-01 973-857-5332
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)