

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L07133**

1. Entity Name

**TT OF SOUTH CAROLINA, INC.****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90039 032 \*\*\*150.00

Principal Place of Business

Mailing Address

**1785 HIGHWAY 501  
MYRTLE BEACH SC 29577  
US****515 EAST LAS OLAS BOULEVARD  
SUITE 900  
FT LAUDERDALE FL 33301  
US**

2. Principal Place of Business

**515 EAST LAS OLAS BOULEVARD**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 900**

Suite, Apt. #, etc.

City & State  
**FORT LAUDERDALE, FLORIDA**

City &amp; State

Zip  
**33301**Country  
**USA**

Zip

Country

4. FEI Number  
**57-0896002**

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

**TAYLOR, TERRY  
515 EAST LAS OLAS BLVD.  
SUITE 900  
FT LAUDERDALE FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	RODRIGUEZ, LUIS	515 EAST LAS OLAS BLVD	FT LAUDERDALE FL	VD			
S	CIENER, CAROL A	515 E LAS OLAS BLVD SUITE 900	FORT LAUDERDALE FL 33301				
VPD	TAYLOR, TERRY	515 EAST LAS OLAS BLVD	FT LAUDERDALE FL	PD			

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:

**TERRY TAYLOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/23/01**

Daytime Phone #

CR2E034 (10/00)