

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90405 003 ****50.00

DOCUMENT # M00000001762

1. Entity Name

TCI INTERNATIONAL, LLC

Principal Place of Business

3000 N.E. 30TH PLACE, SUITE 308
 FT. LAUDERDALE FL 33306

Mailing Address

3000 N.E. 30TH PLACE, SUITE 308
 FT. LAUDERDALE FL 33306

2. Principal Place of Business

TCI INTERNATIONAL LLC
 Suite, Apt. #, etc.
221 OLD DIXIE HWY #1

City & State
TEQUESTA FL 3

Zip
33469

Country
USA

3. Mailing Address

TCI INTERNATIONAL LLC
 Suite, Apt. #, etc.
221 OLD DIXIE HWY #1

City & State
TEQUESTA FL

Zip
33469

Country
USA



DO NOT WRITE IN THIS SPACE

65-1117802
APPLIED FOR

4. Fee Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WIERSMA, JACK G
221 OLD DIXIE HIGHWAY, SUITE 1
TEQUESTA FL 33459

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
JACOBS, CARLL B
3000 N.E. 30TH PLACE, SUITE 308
FT LAUDERDALE FL 33306

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
WIERSMA, JACK G
221 OLD DIXIE HWY #1
TEQUESTA FL 33469

TITLE
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10. ADDITIONS/CHANGES

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-15-02-561-575-4200

CR2E083 (9/01)

Attachment
967899

FAX COVER SHEET

TCI International, LLC
3000 N.E. 30th Place
Suite 308
Fort Lauderdale, Florida 33306
USA
Phone Number: 954-561-4244
Fax Number: 954-561-3457

#100 000001762

SEND TO: Company Name: <i>FL. DEPT OF STATE</i>	From:
Attention: <i>CORP. RECORDS</i>	Date:
Office Location:	Office Location:
Fax Number:	Phone Number:

- ☐ Urgent ☐ Reply ASAP ☐ Please Comment ☐ Please Review ☐ For Your Information

Total pages, including cover page: 1

COMMENTS:
Phone approval for \$50.00 Fee -
on 5-15-02 -

C. M. D. [Signature]

Note: Wrong address