

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40733

1. Entity Name

TECHNICAL AND PROFESSIONAL CAREERS INSTITUTE, IN

Principal Place of Business

5615 NW 7TH AVE.  
MIAMI FL 33127

Mailing Address

1718 N.W. 65 ST.  
MIAMI FL 33147-7438  
US

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

65-0229690

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, MAUREEN  
1718 N W 65 STREET  
MIAMI FL 33147

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

*Maureen Taylor*

Signature, typed or printed name of registered agent and title if applicable

*Maureen Taylor President*

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/29/00*

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TAYLOR, GENEVE  
1718 NW 65 STREET  
MIAMI FL 33147

☐ Delete

DVP  
JEAN-BAPTISTE, NADINE  
1718 NW 65 ST  
MIAMI FL 33147

☐ Delete

S  
HICKS, CANDICE G  
1718 NW 65 STREET  
MIAMI FL 33147

☐ Delete

PD  
TAYLOR, MAUREEN  
1718 NW 65 STREET  
MIAMI FL 33147

☐ Delete

D  
TAYLOR, JAMAL  
1718 NW 65 STREET  
MIAMI FL 33147

☐ Delete

D  
TAYLOR, TIFFANY  
1718 NW 65 ST  
MIAMI FL 33147

☐ Delete

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Maureen Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/29/00* 3056330296  
Daytime Phone #

CR2E037 (9/99)