

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90128 035 \*\*\*150.00

0256143

**DOCUMENT # P00000005016**

1. Entity Name  
**T.I. SOLUTIONS, INC.**

Principal Place of Business  
**4850 W OAKLAND PARK BLVD. SUITE 102  
 FT LAUDERDALE FL 33313**

Mailing Address  
**4850 W OAKLAND PARK BLVD. SUITE 102  
 FT LAUDERDALE FL 33313**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
**612 Gardens Drive**

City & State  
**Pompano Beach, Fl.**

Zip  
**33069**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0973942**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**GONZALEZ, JUAN C  
 4850 W OAKLAND PARK BLVD. SUITE 102  
 FT LAUDERDALE FL 33313**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, JUAN C <del>4850 W OAKLAND PARK BLVD. SUITE 102</del> <del>FT LAUDERDALE FL 33313</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECERRA, EDITY Y CARRERA 69D #40A-32 APTL 209 BOGOTA, COLOMBIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, MARTHA R <del>4850 W OAKLAND PARK BLVD. SUITE 102</del> <del>FT LAUDERDALE FL 33313</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, RICARDO CARRERA 69D #40-A 32 APT. 209 BOGOTA, COLOMBIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 612 Gardens Drive Unit. 101 Pompano Beach, Fl. 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 612 Gardens Drive Unit. 101 Pompano Beach, fl. 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: JUAN C. GONZALEZ 04-02-01 (561) 239-3869  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)