

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90134 032 ***150.00

DOCUMENT # P00000007530

1. Entity Name

T D G Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

830519

2. Principal Place of Business

10675 N.W. 30th Pl.

3. Mailing Address

10675 N.W. 30th Pl.

Suite, Apt. #, etc.

Unit 8

Suite, Apt. #, etc.

Unit 8

City & State

Sunrise, Fl.

City & State

Sunrise

4. FEI Number

65-1125942

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

33322

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Tomas G. Guardia

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

10675 N.W. 30th Pl.

Unit 8

City

Sunrise

FL

Zip Code
33322

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

TOMAS G. GUARDIA

03/25/02

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)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
P
Guardia, Tomas G.
10675 N.W. 30th Pl. Unit 8
Sunrise, Fl. 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S
Oliveros, Maria G.
10675 N.W. 30th Pl. Unit 8
Sunrise, Fl. 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Hoyos-Gutierrez, Hector M.
4092 N.W. 88 Ave. Apt. 204
SUNRISE, FL. 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Vanegas, Helber
4311 Crystal Lake Dr# 406
Pompano Beach, Fl. 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Escobar, Gustavo E.
4092 N.W. 88 Ave. Apt. 204
Sunrise, Fl. 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOMAS G. GUARDIA

3/25/02

Date

Daytime Phone #

(954) 749-2784

CR2E034B (12/01)