

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90101 039 ***150.00

DOCUMENT # P00000023639

1. Entity Name
TADELCO, INC.

Principal Place of Business
**3782 SAN SIMEON CIRCLE
 WESTON FL 33331**

Mailing Address
**3782 SAN SIMEON CIRCLE
 WESTON FL 33331**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**936 INTRACOSTAL DR.
 Suite, Apt. #, etc.
 9-B**

3. Mailing Address
**780 N.W. 42 AVE.
 Suite, Apt. #, etc.
 426**

City & State
FT. LAUDERDALE, FL

City & State
MIAMI, FL

4. FEI Number **65-1016482**

Applied For
 Not Applicable

Zip
33304

Country

Zip
33126

Country

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

6. Name and Address of Current Registered Agent

**CORDOVA, ANGEL D
 780 N.W. 42ND AVENUE, #416
 MIAMI FL 33126**

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. The 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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 Min. Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAUTTMANSORFF, FELIPE V 3782 SAN SIMEON CIRCLE WESTON FL 33331 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVTS TRAUTTMANSORFF, FELIPE V 936 INTRACOSTAL DR. #9B FT. LAUDERDALE, FL. 33304 ☒ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: **X** **FELIPE V. TRAUTTMANSORFF PRES.**