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|-------|---------|------------|-------|--------|----|
| May | 04, | 200 | 18 | :00 | am |
| Seci | reta | ry o | of S | tate | • |
| 05-04 | -2001 (| 901.//0.01 | 3 *** | 150.00 | |

| 1. Entity Nan | MENT # P00000 TCHEN, INC. | | May 04, 2001 8:00 an Secretary of State 05-04-2001 90140 013 ***150.00 | | | | | |
|---|---|---|--|-------------------------------|--|---------------------------------------|---------------------------------|--|
| Principal Place of Business 4800 N. FEDERAL HWY: STE. 100-D | | Mailing Address | | | | | | |
| BOCA-RATON | | -4900-N:-FEDERAL-HWY::-ST -BOGA-RATON-FL-3343T | E. 100-6 | | Ç00610 | 86 | 11 88 (111 1 84) | |
| 2. Principal F | Place of Business | 3. Mailing Address | | | | | | |
| 7500 N.W. 41st Street Suite, Apt. #, etc. | | 7500 N.W. 41st Street | | | DO NOT WRITE IN THIS SPACE | | | |
| City & Stat | le | 113 City & State | | | FEI Number | L A | pplied For | |
| | FL 33166 | Miami FL 33166 | | | 65-1054235 | | ot Applicable | |
| Zip 33166 | Country Dade | Zip 33166 | Country Dađe | 5. | Certificate of Status Desired | □ \$8.75 Ad Fee Require | | |
| | 6. Name and Address of Current | .1 | | 7. | Name and Address of New Re | gistered Agent | | |
| SIM0 4800 | ALOS, GEORGE L ESQ. DN, SIGALOS & SPYREDES, P.A. DN. FEDERAL HWY., STE. 100-D FA RATON FL 33431 | Street A | .ddress (P.O. E | Box Number is Not Acceptable) | | · · · · · · · · · · · · · · · · · · · | | |
| 500 | | | City | | | FL Zip Cod | le | |
| Tax filing i | Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back) | | | 00 550.00 | einstating) 10. Election Campaign Fina Trust Fund Contribution. | + | 0 May Be | |
| 11. | OFFICERS AND | DIRECTORS | 12. | AC | DITIONS/CHANGES TO OFFIC | ERS AND DIRECTOR | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Ted Platon 7500 N.W. 41st S | • | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | laton N.W. 41st St., | □ Change Ste. 113 | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Miami FL 33166 Vice President Ted Platon 7500 N.W. 41st Miami FL 33166 | □ Delete St., Ste. 113 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MIAMI | FL 33100 | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Ted Platon 7500 N.W. 41st S Miami FL 33166 | - | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | Treasurer Ted Platon 7500 N.W. 41st S | □ Delete | TITLE NAME STREET ADDRESS | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _Miami FL 33166 | ☐ Delete | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition (| |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | | | | ļ | |

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 truetge 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 appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)

(305) 513-0066