

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90280 042 ***150.00

DOCUMENT # P00000036903

1. Entity Name

TCJ INVESTMENTS INC.

Principal Place of Business

7258 NW 70TH STREET
MIAMI FL 33166

Mailing Address

7258 NW 70TH STREET
MIAMI FL 33166

2. Principal Place of Business

2307 Douglas Rd
Suite, Apt. #, etc.
400

City & State
Miami Fla
Zip
33145

Country
USA

3. Mailing Address

2307 Douglas Rd
Suite, Apt. #, etc.
400

City & State
Miami Fla
Zip
33145

Country
USA

4. FEI Number

65-1043799

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRES, CARMEN
7258 NW 70TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

IDA C OVIES

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

2307 Douglas Rd

Ste 400

City

MIAMI

FL

Zip Code

33145

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)

2/6/01

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
D
TORRES, CARMEN
16181 SW 73RD STREET
MIAMI FL 33193

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLAUDIO NIRO
2307 Douglas Rd #400
MIAMI FLA 33145

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIO NIRO

2/27/01

Date

305-447-8801

Daytime Phone #

CR2E034 (10/00)