

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

**FILED
Jun 16, 2002 8:00 am
Secretary of State**

06-16-2002 90692 006 ***158.75

DOCUMENT # P0000007008C
1. Entity Name

TCM Management & Marketing Corporation, Inc.

809041

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3715 NW 22 Court
Suite, Apt. #, etc.

3. Mailing Address
3715 NW 22 Court
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip
33142
Country
USA

City & State
Miami, FL
Zip
33142
Country
USA

4. FEI Number
65-1031780
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Murkel Coppins
Street Address (P.O. Box Number is Not Acceptable)
3715 NW 22 Court
City Miami FL Zip Code 33142

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 Murkel Coppins DATE May 1, 2002
Signature, typed or printed name of registered agent and date of approval (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P; S and T
NAME	Murkel Coppins
STREET ADDRESS	3715 NW 22 Court
CITY - ST - ZIP	Miami, Florida 33142
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)(f), 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: Murkel Coppins DATE May 1, 2002 DAYTIME PHONE # 305-794-1702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)



Management & Marketing, Inc.

Attachment
FEI #
65-1031780

305-794-1702

869041

#P00000070080

May 29, 2002

Uniform Business Report
Divisions of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Dear Sir or Madam:

Thank you for taking the time to assist me with my renewal process and advising me of the necessary steps to complete the process.

To date, I have not received the Uniform Business Report/Annual Report form from the State of Florida. As per your instructions, I have had the report downloaded and completed with the payment amount of \$158.75.

Your assistance is much appreciated.

Sincerely,

Murkel Coppins
President