


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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90144 012 ***150.00

| | |
|---|---|
| DOCUMENT # P00000070080 |  |
| 1. Entity Name T.C. M. MARKETING & MANAGE MARKETING | |

DO NOT WRITE IN THIS SPACE

| | | | |
|--|------------------------|--|------------------------|
| 2. Principal Place of Business 3715 NW 22 CT | | 3. Mailing Address 3715 NW 22 CT | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State MIAMI FL | | City & State MIAMI FL | |
| Zip 33142 | Country DADE | Zip 33142 | Country DADE |

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---|--|--|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| | 7. Name and Address of Current Registered Agent | | |
| | Name MURKEL B. COPPINS | | |
| Street Address (P.O. Box Number is Not Acceptable) 3715 NW 22 CT | | | |
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MURKEL B. COPPINS** (NOTE: Registered Agent signature required when reinstating) DATE **4/28/03**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT MURKEL B. COPPINS 3715 NW 22 CT MIAMI FL 33142 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **MURKEL B. COPPINS** DATE **4/28/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)