

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083354

1. Entity Name  
**TOTAL SUPPORT, INC.**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90271 016 \*\*\*150.00

Principal Place of Business

6545 SW 72ND CT  
MIAMI FL 33143

Mailing Address

6545 SW 72ND CT  
MIAMI FL 33143

2. Principal Place of Business

10 NW LeJeune Rd

3. Mailing Address

10 NW LeJeune Rd

Suite, Apt. #, etc.

Suite 310

Suite, Apt. #, etc.

Suite 310

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

6. Name and Address of Current Registered Agent

**GUERRA, FRANK**  
**200 S BISCAYNE BLVD, STE 2500**  
**MIAMI FL 33131**

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. 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 **D** ☐ Delete  
NAME **GARICA, CARLOS F**  
STREET ADDRESS **6545 SW 72ND CT**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President / Director** ☒ Change ☐ Addition  
NAME **Garcia, Carlos F.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **De La Torre, Jorge N.**  
STREET ADDRESS **20440 SW 85 Avenue**  
CITY-ST-ZIP **Miami, FL 33189**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Rodriguez, Lorenzo J.**  
STREET ADDRESS **9901 SW 60 Avenue**  
CITY-ST-ZIP **Pinecrest, FL 33156**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Ranno, Christian**  
STREET ADDRESS **16320 South Post Road**  
CITY-ST-ZIP **Weston, FL 33331**

TITLE **officer** ☐ Change ☒ Addition  
NAME **Heria, Christian**  
STREET ADDRESS **7721 SW 127 Drive**  
CITY-ST-ZIP **Miami, FL 33183**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**JORGE N. DE LA TORRE**

Date

**4/20/2001**

Daytime Phone #

**(305) 443-9999**

CR2E034 (10/00)