

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90180 035 ***150.00

DOCUMENT # P00000088812

1. Entity Name

TLC FLOORING & LIGHTING, CORP.

Principal Place of Business

Mailing Address

~~6417 N.W. 201 TERRACE~~ **18520 N.W. 67th Ave** ~~6417 N.W. 201 TERRACE~~ **18520 N.W. 67th Ave**
MIAMI FL 33015 #217 **MIAMI FL 33015 #217**

2. Principal Place of Business

18520 N.W. 67th Ave

3. Mailing Address

18520 N.W. 67th Ave

Suite, Apt. #, etc.

#217

Suite, Apt. #, etc.

#217

City & State

Miami, FL

City & State

Miami, FL

Zip

33015

Country

DADE

Zip

33015

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1043357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLD, STUART M
8180 N.W. 36TH STREET
SUITE 100
MIAMI FL 33166

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, 2002 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	<input type="checkbox"/> Delete
NAME	CASTRO, TAMARA	
STREET ADDRESS	6417 N.W. 201 TERRACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRO, LAZARO	
STREET ADDRESS	6417 N.W. 201 TERRACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18520 N.W. 67th Ave #217	
STREET ADDRESS	Miami, FL 33015	
CITY-ST-ZIP	Miami, FL 33015	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18520 N.W. 67th Ave #217	
STREET ADDRESS	Miami, FL 33015	
CITY-ST-ZIP	Miami, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4-16-02 **305-467-8296**

CR2E034 (9/01)