

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90188 025 ***150.00

DOCUMENT # P00000100851

1. Entity Name
TCI WORLDWIDE, CORP.



Principal Place of Business
**3801 S.W. 82ND AVENUE
UNIT 3
MIAMI FL 33155**

Mailing Address
**3801 S.W. 82ND AVENUE
UNIT 3
MIAMI FL 33155**



2. Principal Place of Business

3. Mailing Address

10891 SW 26th Street
Suite, Apt. #, etc.

10891 SW 26th Street
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-1056798**

Applied For
☐ Not Applicable

Zip
33165

Country
DADE

Zip
33165

Country
DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, JORGE F
3801 S.W. 82ND AVENUE
UNIT 3
MIAMI FL 33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, JORGE F 3801 S.W. 82ND AVENUE UNIT 3 MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, MARIA C 3801 S.W. 82ND AVENUE UNIT 3 MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)