

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

05-06-2002 90058 016 ***150.00

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

DOCUMENT # R01000066639

1. Entity Name

TC FUNDING CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11000 NW 92ND Terrace

Suite, Apt. #, etc.

3. Mailing Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33178

Country

USA

Zip

33131

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Miami Center Registered Agents, LLC

Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd. #1700

City Miami

FL

33131

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

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



January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / SECRETARY / TREASURER TOMAS CABRERA 11000 NW 92ND TERRACE MIAMI FLA 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PHILIP MARTINEZ 11000 NW 92ND TERRACE MIAMI FLA 33178
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**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Martinez

Date

4/24/02 (305) 977-6000

Daytime Phone #

CR2E034B (12/01)