FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91147 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000003994

1. Entity Name
TCS OF SOUTH FLORIDA, INC.

90126962

Principal Place of Business	Mailing Address
3000-5 NW 25TH AVE POMPANO BEACH, FL 33069	3000-5 NW 25TH AVE POMPANO BEACH, FL 33069

2. Principal Place of Business	3. Mailing Address
4613 UNIVERSITY DR	4613 UNIVERSITY DR
Suite, Apt. #, etc.: # 258	Suite, Apt. #, etc.: # 258
City & State: Coral Springs, Fl	City & State: Coral Springs Fl
Zip: 33067 Country: U.SA	Zip: 33067 Country: U.SA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SANTOS, SERGIO
3000-5 NW 25TH AVE
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent
Name: Sergio Santos
Street Address (P.O. Box Number is Not Acceptable): 4613 UNIVERSITY DR
Suite 258
City: Coral Springs FL Zip Code: 33067

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	P	☐ Delete	TITLE	P	☐ Change ☐ Addition
NAME	SANTOS, SERGIO		NAME	Sergio Santos	
STREET ADDRESS	3000-5 NW 25TH AVE		STREET ADDRESS	4613 University Dr. #258	
CITY-ST-ZIP	3000-5 NW 25TH AVE, FL 33069		CITY-ST-ZIP	Coral Springs, Fl 33067	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Sergio Santos [signature] 4/30/03 (954)9719966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #