FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000012527

1. Entity Name
T.C.S. Construction, Inc

FILED
03 OCT -8 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400023642890
10/08/03--01031--007 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
T.C.S. Construction Inc.	
Suite, Apt. #, etc. 11431 NW 36 Pl	Suite, Apt. #, etc.
City & State Sunrise FL	City & State
Zip 33323 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3604444 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Silvio S. Tejada.
Street Address (P.O. Box Number is Not Acceptable): 11431 NW 36 Pl.
City: Sunrise FL Zip Code 33323

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] 10/03/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P	TITLE	
NAME	Silvio S. Tejada.	NAME	
STREET ADDRESS	11431 NW 36 Pl.	STREET ADDRESS	
CITY-ST-ZIP	Sunrise FL 33323	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/4/03

Dear Sir/Madam:

My name is Silvio S. Tejada with present address at 11431 NW 36 Pl. Sunrise FL 33323

The reason of writing is to inform that I was not aware that I was required to file an annual Report every year. Neither received any forms from you advising me to do so.

Sincerely

+ Signature