

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-02-2003 90053 031 ***158.75

DOCUMENT # P02000072159

1. Entity Name
TCR HOLDINGS, INC.



Principal Place of Business
**14712 BALGOWAN ROAD
MIAMI LAKES FL 33016**

Mailing Address
**14712 BALGOWAN ROAD
MIAMI LAKES FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-3050769

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fees Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AMORES, CARIDAD
294 WESTWARD DR
MIAMI SPRINGS FL 33168**

7. Name and Address of New Registered Agent

Name **Guillermo Nascaredo**
Street Address (P.O. Box Number is Not Acceptable)
14712 BALGOWAN ROAD
City **MIAMI LAKES** FL Zip Code **33016**

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/29/03

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

TITLE **PRESIDENT** ☐ Delete
NAME **ORLANDO MACHADO**
STREET ADDRESS **19620 W. ST. ANDREWS DRIVE**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **GUILLERMO NASCAREDO**
STREET ADDRESS **14712 BALGOWAN RD**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/29/03
Date

(305) 825-4949
Daytime Phone #

CR2E034 (10/02)