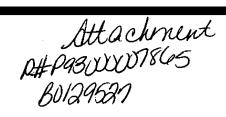
**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 15, 2002 8:00 am Secretary of State DOCUMENT # P93000007865 1. Entity Name 07-15-2002 90197 024 \*\*\*158.75 T.C. SOUTH, INC. Principal Place of Business Mailing Address 140-8-UNIVERSITY DR 18951 N.E. 20TH AVE SUITE-B---N. MIAMI BEACH FL 33179 PLANTATION EL 33324 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE - THORETO -City & State City & State 4. FE! Number Applied For 65-0680557 MI Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired u Fee Required 6.-Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent Name KAUFMAN, ALLEN J Street Address (P.O. Box Number is Not Acceptable) 18951 NE 20TH AVE. NORTH MIAMI BCH, FL 33179 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition NAME KAUFMAN, ALLEN J NAME STREET ADDRESS 18951 NE 20TH AVE. STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BCH. FL 33179 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME<sup>2</sup> NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 changed, or on an attachment with an address, with all other like propowered.



Dear Sir

Please accept my check for \$158.75 for Uniform Business Filling for T.C. South, Inc.. I did not get the first notice.

It may have been my change of address which as far as I recollect I notified you about. Both my mailing and place of business address is as follows:

18951 N.E. 20<sup>th</sup> Ave. North Miami Beach, Fl., 33179 US.

Please note I have never been late before.

I appreciate your consideration on this matter.

Thank You Allen Kaufman

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