## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

SIGNATURE AND TYPED OR

INTED NAME OF SIGNING OFFICER OR DIREC

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P93000044734 1. Entity Name TG INTERNATIONAL CORP. 04-17-2001 90136 011 \*\*\*150.00 Mailing Address Principal Place of Business 1855 GRIFFIN RD 1855 GRIFFIN RD SUITE B476 C0046938 SUITE B476 DANIA FL 33004 DANIA FL 33004 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0460427 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENBERG, JANET Street Address (P.O. Box Number is Not Acceptable) 1855 GRIFFIN RD SUITE B476 DANIA FL 33004 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE D TITLE NAME GREENBERG, JANET NAME STREET ADDRESS STREET ADDRESS 1855 GRIFFIN RD SUITE B476 CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 ☐ Change ☐ Addition ☐ Delete TITLE NAME TURNER, STEPHEN NAME STREET ADDRESS STREET ADDRESS 1855 GRIFFIN RD 8476 CITY-ST-ZIP CITY-ST-ZIP **DANIA FL 33004** Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ∕□ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

bret Greenberg, Director 4/11/01