2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 10, 2001 8:00 am Secretary of State DOCUMENT # P93000057564 1. Entity Name TCOMH INVESTMENTS, INC. 01-10-2001 90007 039 ***158.75 Principal Place of Business Mailing Address 9031 LAKE PARK CIRCLE N 9031 LAKE PARK CIRCLE N DAVIE FL 33328 DAVIE FL 33328 PUVULUER 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc.-Suite, Apt. #, etc. Applied For 4. FE! Number City & State 65-0485448 City & State Not Applicable \$8.75 Additional Country Zip -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NADEL. TED Street Address (P.O. Box Number is Not Acceptable) 9031 LAKE PARK CIRCLE N **DAVIE FL 33328** City 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 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NADEL, TED NAME STREET ADDRESS STREET ADDRESS 9031 LAKE PARK CIRCLE N CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 Change ☐ Addition ☐ Delete TITLE NADEL, TED NAME NAME STREET ADDRESS 9031 LAKE PARK CIRCLE N. STREET ADDRESS CITY-ST-ZIP DAVIE FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY OF TIPE CITY-ST-ZIP-☐ Addition Change ☐ 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-ZIP Change ☐ Addition NAME 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 if changed, or on an attachment with an address, with all other like empowered.

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