

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000074090

1. Entity Name

T.C. ENTERPRISES OF MIAMI, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13435 SW 128 ST.

3. Mailing Address
14175 SW 87 ST.

Suite, Apt. #, etc.
111

Suite, Apt. #, etc.
APT: 308

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33186

Country

Zip
33183

Country

4. FEJ Number

300107914

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ALAIN CRIBEIRO

Street Address (P.O. Box Number is Not Acceptable)

14175 SW 87 ST. APT: 308

City MIAMI,

FL

Zip Code
33183

**DO NOT WRITE
IN THIS SPACE**

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

8-13-02

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

Make Check Payable to Department of State

10. Election Campaign Financing,
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/V/S/T/D
ALAIN CRIBEIRO
14175 SW 87 ST., APT: 308, MIAMI, FL 33183

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

8-13-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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