2003 FOR PROFIT CORPORATION

## FILFD UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000074090 03 JUN 25 PM II: 16 1. Entity Name T.C. ENTERPRISES OF MIAMI, INC. SECRETARY OF STATE IALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 13435 SW 128 ST 14175 SW 87 ST APT 308 #111 MIAMI, FL 33186 MIANI, FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 30-0102914 Not Applicable Zip Country Country ŻΙρ \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRIBEIRO, ALAIN 14175 SW 87 ST, APT. 308 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33183 City 7in 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 obtigations of registered agent. SIGNATURE . Signature, typed or primed name of recitared again, and title if applicable. (NOTE Registered Agentsignature required when ministrating) DATE FILE NOWIJ PEBIS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Direct Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 雅捷 ☐ Change TIRE The lets 900021272659 07/02/03--01056--015 \*\*30 CRIBEIRO, ALAIN D NAME NAME 14175 SW 87 ST., APT. 308 STREET ADDRESS \*\*300.00 STREET ADDRESS MIAMI, FL 33183 CITY-ST-21P CITY-ST-ZP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-st-21P ☐ Change Addition 1016 TITLE (C) Delete NAME NAVÆ STREET ADDRESS STREET ADDRESS CPY-ST-2IP 00Y-ST-7P TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ATMINESS CITY-ST-ZIP CITY-ST-2IP ☐ Change TITLE Delete TILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Cffy.st-719 CITY-ST-ZIP TITLE ☐ Cheange ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CRY-ST-ZiP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 if am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accress; with all other like empowered.

Cayline Phone #

AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

E034 (10/02)

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

## TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2003 UNIFORM BUSINESS REPORT. I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

ALATNIO. CRIBEIRO

**PRESIDENT**