

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035244

1. Entity Name

TRANSLATING CONSULTANTS, EDITORS & TYPESETTERS.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90017 019 ***150.00

Principal Place of Business 7744 PETERS ROAD SUITE 234 PLANTATION FL 33324 US	Mailing Address 1400 S.W. 70TH AVENUE PLANTATION FL 33317-5062 US
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2. Principal Place of Business 7744 PETERS ROAD	3. Mailing Address
Suite, Apt. #, etc. # 234	Suite, Apt. #, etc.

City & State PLANTATION FL	City & State
Zip 33324	Country USA

4. FEI Number 65-0484202

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DILLMAN, MARIA J
7744 PETERS ROAD
SUITE 234
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City FL 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.

SIGNATURE MARIA J. DILLMAN DATE 4/24/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DILLMAN, MARIA J 7744 PETERS ROAD, SUITE 234 PLANTATION FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: MARIA J. DILLMAN DATE 4/24/2000 DAYTIME PHONE # (954) 587-9838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR