

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90058 039 ***150.00

0263139

DOCUMENT # P94000065327

1. Entity Name

TCI, INC.

Principal Place of Business

Mailing Address

~~5601 HAMMOCK LANE~~
~~LAUDERHILL FL 33319~~

1995 E

~~5601 HAMMOCK LANE~~
~~LAUDERHILL FL 33319~~

~~OAKLAND PARK BLVD~~
~~FT. LAUDERDALE~~
~~FL 33306~~

00040014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1995 E OAKLAND PARK BLVD

3. Mailing Address

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

4. FEI Number **65-0516917**

Applied For
Not Applicable

Zip

FL

Country

33306

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHECHTER, PHILIP J

7700 N. KENDALL DRIVE

PENTHOUSE 5

MIAMI FL 33150

Name

Philip J. Shechter

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

9655 S. Dixie Highway

3rd Floor

City

Miami

FL

Zip Code

33156

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/01

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, 2001 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 **P** ☐ Delete
NAME **KURTZ, CHANTELE J**
STREET ADDRESS **5601 HAMMOCK LANE**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHANTELE KURTZ, PRESIDENT 3-22-01

Date

Daytime Phone #

954-776-8114

CR2E034 (10/00)