2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR DOCUMENT

1. Entity Name TTA OF FLORIDA, INC.

P96000021759

Principal Place of Business

2630 ALOE AVE.

POMPANO BEACH FL 33063

2. Principal Place of Business

Suite, Apt. #, etc.

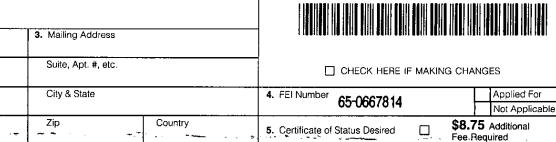
City & State

Zip

Mailing Address

2630 ALOE AVE.

POMPANO BEACH FL 33063



6. Name and Address of Current Registered Agent

RANDAZZO, VINCENT 2630 ALOE AVE.

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POMPANO BEACH FL 33063

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

City

Zip Code

FILED

Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90110 016 ***150.00

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 obligations of registered agent.

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change Addition NAME RANDAZZO, VINCENT NAME STREET ADORESS 2630 ALOE AVENUE STREET ADDRESS CITY-ST-ZIF COCONUT CREEK FL 33063 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP