FILED

DOCUMENT # P96000056165 1. Entity Name T.C. REPAIR, INC.					Feb 26, 2002 8:00 am Secretary of State 02-26-2002 90103 001 ***150.00					
1340 NE 28TI #133	ce of Business H'AVE EACH FL 33062	Mailing Address 1340 NE 28TH AVE #133 POMPANO BEACH FL 330 US	£2		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;					
	Place of Business UE 28 H AVE.	3. Mailing Address	H AU	e _			PRI BOND BOID ON			
Suite, Apt	#, etc.	Suite, Apt. #, etc.				DO NOT WR	ITE IN THIS SF	ACE		
Pompo		City & State	Beach	FL	4. FEI Numb	er 65-068137 1		<u> </u>	oplied For ot Applicable	-
3 <u>3</u> 06	2 Country	33062	Country U.S. F	+	5. Certificate	of Status Desired		8.75 Add		
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New	Registered Aç	jent		1
	28TH AVE		Sti	ame 1 M b ro geet Address (F 3 4 0	SC. Sox Numb	er tether Acceptab	le)			
	井 aリ5) BEACH FL 33062			<u> λ45</u>	0		· = 1	I Zin Cod		-
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8. The above	e named entity submits this statement for the st	prose		fice or registere		th, in the State of F	orida. / <u>Z - [</u> DATE	<u>'Z</u>		
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, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					-
11.	OFFICERS AND D		12.		ADDITIONS	CHANGES TO OFF	ICERS AND D	JIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O AMRBOSE, CLYDE 1340 NE 28TH AVE, #133 POMPANO BEACH FL 33062	☐ Delete	NAME STREET ADD CITY-ST-ZII	RESS 1340) NE 6	Beach Blu Hie	#a45	Change	☐ Addition	E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMBROSE, MERRILY P 1340 NE 28TH AVE., #133 POMPANO BEACH FL 33062	Delete	TITLE NAME STREET ADD CITY-ST-ZIF	RESS			· · ·	Change	Addition	CR2
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of the cor	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with an address.	ue and accurate and that m ered to execute this report a	v sionature st	nall have the es	me logal offec	ae if made under :	nath: that I am	an officer of Block 11 or I	or director	ı

SIGNATURE:

of the corporation or the receiver or trustee empedanged, or on an attachment with an address.

GNATURE:

SIGNATURE SIGNATURE AND TYPED OR