

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013606

1. Entity Name
TC INSURANCE SERVICES INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90039 047 ***150.00

00004703



DO NOT WRITE IN THIS SPACE

Principal Place of Business
255 ALHAMBRA CIRCLE
SUITE 305
CORAL GABLES FL 33134

Mailing Address
255 ALHAMBRA CIRCLE
SUITE 305
CORAL GABLES FL 33134

2. Principal Place of Business
299 ALHAMBRA CIR
Suite, Apt. #, etc.
Ste 416

3. Mailing Address
299 ALHAMBRA CIR
Suite, Apt. #, etc.
Ste 416

City & State
CORAL GABLES FL
Zip
33134
Country
DADE

City & State
CORAL GABLES FL
Zip
33134
Country
DADE

4. FEI Number 65-0812138
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TERRANOVA, TOM
255 ALHAMBRA CIRCLE
SUITE 305
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
TOM TERRANOVA
Street Address (P.O. Box Number is Not Acceptable)
299 ALHAMBRA CIR
Ste 416
City
CORAL GABLES FL Zip Code
33134

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)

1/8/2001
DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
TERRANOVA, TOM
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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: *Thomas Terranova*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001 (305) 529-5055
Date Daytime Phone #

CR2E034 (10/00)