

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2000 90005 033 \*\*\*150.00

**DOCUMENT # P98000070208**

1. Entity Name  
**TCAFV INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

111 S. W. 3RD STREET  
 SIXTH FLOOR  
 MIAMI FL 33130  
 US

111 S. W. 3RD STREET  
 SIXTH FLOOR  
 MIAMI FL 33130-1926  
 US

2. Principal Place of Business

**14425 Country Walk Drive**

Suite, Apt. #, etc.

3. Mailing Address

**14425 Country Walk Drive**

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number

**65-0878443**

Applied For

Not Applicable

Zip  
**33186**

Country  
**USA**

Zip  
**33186**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

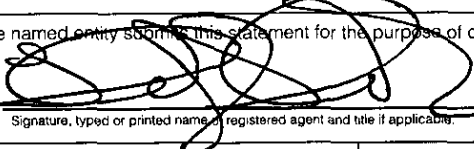
6. Name and Address of Current Registered Agent

**HARRIS, ELLIOTT ESQ**  
**111 S. W. 3RD STREET**  
**SIXTH FLOOR**  
**MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name **Karl J. Schumer, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9400 S Dadeland Blvd**  
**Suite 600**  
 City **Miami** FL Zip Code **33165**

8. The above named entity solemnly swears this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 

**4-25-2000**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRILLO-GARCIA, PEDRO 14425 COUNTRY WALK DRIVE MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VALLEJO, JOSE 3740 N.W. 78TH STREET MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOLDRING, KENNETH 3740 N.W. 78TH STREET MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HARRIS, ELLIOTT 111 S.W. 3RD STREET, 6TH FLOOR MIAMI FL 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Schumer, -Karl J. 9400 South Dadeland Blvd., #600 Miami, Florida 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-2000**

Date

**(305) 666-6111**

Daytime Phone #

CR2E034 (9/99)