2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P98000080066** Apr 18, 2000 8:00 am Secretary of State T.S.C. TRADING CORP. 04-18-2000 90159 009 ***150.00 Mailing Address Principal Place of Business 7880 W. 20 AVE. 7880 W. 20 AVE. #32 #32 HIALEAH FL 33016 HIALEAH FL 33016-1831 2. Principal Place of Business 3. Mailing Address 368 W 215+ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 65-0863295 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 330/O 33*0*/ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMEJO, LUIS F 4898 N.W. 7TH STREET MIAMI FL 33126 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. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change TITLE NAME MURTADHA, WANDA NAME STREET ADDRESS STREET ADDRESS 7401 N.W. 85TH ST APT 206 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Change ☐ Addition TITLE Delete NAME SUAREZ, SERGIO STREET ADDRESS STREET ADDRESS 4111 N.W. 37TH AVE CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33142 Change_ Addition. Delete ____ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.