

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000082570

1. Entity Name

CAZ-AIR, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90081 001 \*\*\*300.00

12506

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3500 GATEWAY DRIVE SUITE 205 POMPANO BEACH FL 33069		Mailing Address 3500 GATEWAY DRIVE SUITE 205 POMPANO BEACH FL 33069	
2. Principal Place of Business 200 LESLIE DRIVE Suite, Apt. #, etc. SUITE 1021 City & State HALLANDALE BEACH, FL Zip 33009 Country US		3. Mailing Address 200 LESLIE DRIVE Suite, Apt. #, etc. SUITE 1021 City & State HALLANDALE BEACH, FL Zip 33009 Country US	
4. FEI Number 65-0869530		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINEBERG, LIBO B. ESQ. 3500 GATEWAY DRIVE SUITE 201 POMPANO BEACH FL 33069			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)-- City FL Zip Code			
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) DATE _____			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PSTD CAZELLA, LOUIS A. III 3500 GATEWAY DRIVE SUITE 205 POMPANO BEACH FL 33069		PSTD CAZELLA, LOUIS A. III 200 LESLIE DRIVE SUITE 1021 HALLANDALE BEACH FL 33009	
VS BUTLER, THERESA A III 3500 GATEWAY DRIVE SUITE 205 POMPANO BEACH FL 33069			
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		3/20/00 954-458-2998 Date Daytime Phone #	

CR2E034 (9/99)

DOCUMENT # P99000033652

1. Entity Name

TLC RESIDENTIAL SERVICES, INC.

Principal Place of Business

3500 GATEWAY DRIVE SUITE 205  
SUITE 205  
POMPAÑO BEACH FL 33069

Mailing Address

3500 GATEWAY DRIVE SUITE 205  
SUITE 205  
POMPAÑO BEACH FL 33069

2. Principal Place of Business

200 LESLIE DRIVE

3. Mailing Address

200 LESLIE DRIVE

Suite, Apt. #, etc.

SUITE 1021

Suite, Apt. #, etc.

SUITE 1021

City & State

HALLANDALE BEACH, FL

City & State

HALLANDALE BEACH, FL

4. FEI Number

65-0922762

Applied For

Not Applicable

Zip

Country

33009

US

Zip

Country

33009

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

12507

6. Name and Address of Current Registered Agent

FINEBERG, LIBO B ESQ.  
3500 GATEWAY DRIVE SUITE 201  
POMPAÑO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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 PSTD ☒ Delete  
NAME CAZELLA, LOUIS A.  
STREET ADDRESS 3500 GATEWAY DRIVE SUITE 205  
CITY-ST-ZIP POMPAÑO BEACH FL 33069

TITLE VPSD ☐ Delete  
NAME BUTLER, THERESA  
STREET ADDRESS 3500 GATEWAY DRIVE  
CITY-ST-ZIP POMPAÑO BEACH, FL 33069

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition  
NAME BUTLER, TERESA  
STREET ADDRESS 200 LESLIE DRIVE SUITE 1021  
CITY-ST-ZIP HALLANDALE BEACH FL 33009

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

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

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

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

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

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SIGNATURE:

*Teresa Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Day

954-457-6674

Daytime Phone #

CR2E034 (9/99)