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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 31, 2001 8:00 am Secretary of State DOCUMENT # P98000107897 1. Entity Name 08-31-2001 90113 006 ***550 00 TLC3, INC. Principal Place of Business Mailing Address **BUU62845** 9240 S.W. 75TH STREET 9240 S.W. 75TH STREET MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEDINA, LISETTE Street Address (P.O. Box Number is Not Acceptable) 7460 S.W. 93RD AVENUE **MIAMI FL 33173** 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. DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 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 11. 12. (5/01)TITLE PD TITLE Delete MEDINA, LISETTE NAME MEDINA, LISETTE NAME 2645 5. BAYSHORE DR. A.PT. 1703 CR2E034 7460 S.W. 93RD AVE. address = STREET ADDRESS STREET ADDRESS MIAMI, Fl. 33133 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33173** Addition ☐ Defete TITLE ☐ Change TITLE TD NAME RODRIGUEZ, ESPERANZA NAME STREET ADDRESS STREET ADDRESS 9240 S.W. 75TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME ANDERSON, M., TERESITA STREET ADDRESS STREET ADDRESS 9240 S.W. 75TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 Change Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Channe Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 suppliemental 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 of 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 attachr