

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2000 90138 012 ***150.00

DOCUMENT # P99000001988

1. Entity Name

T.C.E. FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

~~17957 S.W. 30TH ST.~~
~~PEMBROKE PINES FL 33029~~

~~17957 S.W. 30TH ST.~~
~~PEMBROKE PINES FL 33029-5500~~

2. Principal Place of Business

3. Mailing Address

15327 NW 60th Ave. Ste 255

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

255

City & State

City & State

MIAMI LAKES, FL.

Zip

Country

Zip

Country

33014

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CAMPOS, MARIO C SR.
15327 NW 60TH AVE., SUITE 210
MIAMI LAKES FL 33014

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS CAMPOS, MARIO SR. 17957 S.W. 30TH ST. PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPOS, JORGE A 17957 S.W. 30TH ST. PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SII CAMPOS, ARLENE C 17957 S.W. 30TH ST. PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPOS-DUNCAN, FULVIA A 17957 S.W. 30TH ST. PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-II CAMPOS, JAVIER E 17957 S.W. 30TH ST. PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-II CAMPOS, MARIO C JR. 17957 S.W. 30TH ST. PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15327 NW 60th Ave. Ste 255 MIAMI LAKES, FL. 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VICE-PRESIDENT - SEC. CAMPOS, ARLENE C. 15327 NW 60th Ave. Ste 255 MIAMI LAKES, FL. 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T-1 15327 NW 60th Ave. Ste 255 MIAMI LAKES, FL. 33014

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

Date

Daytime Phone #

CR2E034 (9/99)