

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90181 020 ***150.00

DOCUMENT # P99000001988

1. Entity Name
T.C.E. FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

~~15327 NW 60 AVE STE 255~~
~~MIAMI LAKES FL 33014~~

~~15327 NW 60 AVE STE 255~~
~~MIAMI LAKES FL 33014~~

2. Principal Place of Business

3. Mailing Address

15841 PINES BLVD.
 Suite, Apt. #, etc.
109

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL.

City & State

Zip
33027 Country
USA

Zip Country

4. FEI Number **65-0884566**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **SAME**

Street Address (P.O. Box Numbers Not Acceptable)

15841 PINES BLVD. - STE. 109

City **Pembroke Pines**

FL

Zip Code **33027**

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, 2002 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 **PDS**
 STREET ADDRESS **CAMPOS SR, MARIO**
 CITY-ST-ZIP **15327 NW 60 AVE STE 255**
MIAMI LAKES FL 33014

TITLE
 NAME
 STREET ADDRESS **15841 PINES BLVD. - STE. 109**
 CITY-ST-ZIP **Pembroke Pines, FL. 33027**

TITLE
 NAME **ST1**
 STREET ADDRESS **CAMPOS, JAVIER E**
 CITY-ST-ZIP **15327 NW 60 AVE STE 255**
MIAMI LAKES FL 33014

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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO C. CAMPOS 4/11/02

Date

Daytime Phone #

201 226-4181

CR2E034 (9/01)