## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment

with all other like empowered.

## Mar 06, 2002 8:00 am & Secretary of State P99000026055 DOCUMENT # 1. Entity Name T.T.G. INVESTMENTS GROUP, CORP. 03-06-2002 90046 019 \*\*\*150.00 Principal Place of Business Mailing Address 1865 NE 79TH STREET 1865 NE 79TH STREET APT. 2E APT. 2E NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0908892 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZÁLEZ, TÚLIO S Street Address (P.O. Box Number is Not Acceptable) 1865 NE 79TH STREET APT. 2E NORTH BAY VILLAGE FL 33141 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GONZALEZ, TULIO S NAME NAME 1865 NE 79TH STREET APT. 2E STREET ADDRESS STREET ADDRESS NORTH BAY VILLAGE FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition GONZALEZ, TULIO E NAME NAME 1865 NE 79TH STREET APT. 2E STREET ADDRESS STREET ADDRESS NORTH BAY VILLAGE FL 33141 CITY-ST-7IP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change \_\_\_ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

**FILED** 

Daytime Phone #