2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033652

1. Entity Name

TLC RESIDENTIAL SERVICES, INC.

FILED
00 MAR 30 AM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3500 GATEWAY DRIVE SUITE 205 SUITE 205 POMPANO BEACH FL 33069	3500 GATEWAY DRIVE SUITE 205 SUITE 205 POMPANO BEACH FL 33069

03-30-00 90081 001 300.00

2. Principal Place of Business	3. Mailing Address
200 LESLIE DRIVE	200 LESLIE DRIVE
Suite, Apt. #, etc. SUITE 1021	Suite, Apt. #, etc. SUITE 1021
City & State HALLANDALE BEACH, FL	City & State HALLANDALE BEACH, FL
Zip: 33009 Country: US	Zip: 33009 Country: US

4. FEI Number: 65-0922762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 _____ DATE

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 Tax filing requirement and elects to do so. (See criteria on back) ☑

[redacted]

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	PSTD CAZELLA, LOUIS A. 3500 GATEWAY DRIVE SUITE 205 POMPANO BEACH FL 33069	☑ Delete	PSTD BUTLER, TERESA 200 LESLIE DRIVE SUITE 1021 HALLANDALE BEACH FL 33009	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD BUTLER, THERESA 3500 GATEWAY DRIVE POMPANO BEACH, FL 33069	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/98)

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: Teresa Butler 3/20/00 954-457-6674

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #