# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 14, 2001 8:00 am**
**Secretary of State**
05-14-2001 90214 036 ***150.00

DOCUMENT # P99000033652 ✓

1. Entity Name
TLC Residential Services, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 200 Leslie DR. #1021 Hallandale, FL 33009 | 200 Leslie DR. #1021 Hallandale, FL 33009 |

A00065415

A00065415

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 200 Leslie DR. | same as above. |
| Suite, Apt. #, etc. #1021 | Suite, Apt. #, etc. |
| City & State Hallandale FL | City & State |
| Zip 33009 Country Broward | Zip Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| Libo B. Fineberg, ESQ. 3500 Gateway Drive Ste 201 Pompano Beach, FL 33069 | Name Louis Cazella<br>Street Address (P.O. Box Number is Not Acceptable) 200 Leslie DR. #1021<br>City Hallandale FL Zip Code 33009 |

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 Louis Cazella 4/26/01
Signature of authorized 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, 2001 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 | Pres, Sec, Treas.<br>Louis Cazella.<br>200 Leslie DR #1021<br>Hallandale FL 33009 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice Pres, Asst. Sec.<br>Theresa Butler.<br>200 Leslie DR #1021<br>Hallandale FL 33009 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (11/00)

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:** Louis Cazella Pres. 4/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #