

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047755

1. Entity Name

TCC TOP CHOICE USA, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90174 049 \*\*\*150.00

Principal Place of Business

815 PONCE DE LEON BLVD.  
SECOND FLOOR  
CORAL GABLES FL 33134

Mailing Address

815 PONCE DE LEON BLVD.  
SECOND FLOOR  
CORAL GABLES FL 33134-3007

2. Principal Place of Business

1460 OCEAN DRIVE

3. Mailing Address

1460 OCEAN DRIVE

Suite, Apt. #, etc.

# 207

Suite, Apt. #, etc.

# 207

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

Country

33139

Zip

Country

33139

4. FEI Number

05-0934769

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANGSTADT, OLIVER J  
815 PONCE DE LEON BLVD.  
SECOND FLOOR  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

DIETER BABEL

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

1460 OCEAN DRIVE #207

City

MIAMI BEACH

FL

Zip Code

33139

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

03-28-2000

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

TITLE PSD  
NAME BABEL, DIETER  
STREET ADDRESS BALDURSTRASSE 17  
CITY-ST-ZIP 51107 COLOGNE GERMANY

☐ Delete

TITLE VTD  
NAME SEIFERT, PATRICIA  
STREET ADDRESS BALDURSTRASSE 17  
CITY-ST-ZIP 51107 COLOGNE GERMANY

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

PATRICIA SEIFERT

Date

Daytime Phone #

03-28-2000 (305) 532-5812