

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066648

1. Entity Name  
TCPIC, INC.

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**  
04-09-2001 90042 003 \*\*\*150.00

Principal Place of Business  
1478 CORAL RIDGE DR.  
CORAL SPRINGS FL 33071

Mailing Address  
1478 CORAL RIDGE DR.  
CORAL SPRINGS FL 33071

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0934185

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~PUYA, WILLIAM~~  
~~1478 CORAL RIDGE DR.~~  
~~CORAL SPRINGS FL 33071~~

Name SALVATOR DI MARE

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

1478 CORAL RIDGE DR.

City CORAL SPRINGS

FL

Zip Code 33071

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 SALVATOR DI MARE V.P.

*Salvator Dimare*

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, 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	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>PUYA, WILLIAM</del>	
STREET ADDRESS	<del>1478 CORAL RIDGE DR.</del>	
CITY-ST-ZIP	<del>CORAL SPRINGS FL 33071</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>DEPAENCKE, JOHN</del>	
STREET ADDRESS	<del>9775 NW 48TH DR.</del>	
CITY-ST-ZIP	<del>CORAL SPRINGS FL 33076</del>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIMARE, SALVATOR	
STREET ADDRESS	1478 CORAL RIDGE DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS LAQUER	
STREET ADDRESS	1478 CORAL RIDGE DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Salvator Dimare SALVATOR DIMARE V.P. 4/3/01 954-235-2775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)