

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90133 008 \*\*\*150.00

**DOCUMENT # S38271**

1. Entity Name

T.C.C.D. INTERNATIONAL, INC.

Principal Place of Business

3012 N.W. 25TH AVE.  
 POMPANO BEACH FL 33069

Mailing Address

3012 N.W. 25TH AVE.  
 POMPANO BEACH FL 33069

2. Principal Place of Business

2301 NW 33rd Court

3. Mailing Address

2301 NW 33rd Court

Suite, Apt. #, etc.

Suite # 103

Suite, Apt. #, etc.

Suite # 103

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

USA

Zip

33069

Country

USA

6. Name and Address of Current Registered Agent

PEARCE, ROBERT WAYNE  
 2888 EAST OAKLAND PARK BLVD.  
 FT. LAUDERDALE FL 33306

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

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, 2002 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 PD ☐ Delete  
 NAME ALFLEN, THEODORE T.  
 STREET ADDRESS 3012 N.W. 25TH AVE.  
 CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ST ☐ Delete  
 NAME ALFLEN, THEODORE T.  
 STREET ADDRESS 3012 N.W. 25TH AVE.  
 CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☐ Delete  
 NAME ALFLEN, CATHERINE A  
 STREET ADDRESS 3012 NW 25 AVE  
 CITY-ST-ZIP POMPANO BCH FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joe Ayres* 2-11-02 (954) 960-4904  
 Date Daytime Phone #

CR2E034 (9/01)