FILED

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## Feb 06, 2003 8:00 am Secretary of State S45894 DOCUMENT # 1. Entity Name 02-06-2003 90106 003 \*\*\*150.00 TLV PROPERTIES, INC. Principal Place of Business Mailing Address 880-NW-72ND-TER-880 NW 72ND TER-PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address 4100 NW 771 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0298379 Jokland $\mathcal{M}$ eston Not Applicable Country Country ( \$8.75 Additional 5. Certificate of Status Desired You land Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRITCHARD, KAREN E. Street Address (P.O. Box Number is Not Acceptable) 880 NW 72ND TER anch PLANTATION FL 33317 8. The above named entity sub nits this salement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10: OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE 3R2E034 (10/02) ☐ Addition PRITCHARD, CALVIN E NAME NAME 880 NW 72ND TER-STREET ADDRESS MIRANCL Road STREET ADDRESS PLANTATION FL. CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition PRITCHARD, KAREN E NAME NAME STREET ADDRESS 880 NW 72ND TER STREET ADDRESS CITY-ST-ZIP PLANTATION FL-CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 suppliemental 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 reddiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachn

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #