

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03511

1. Entity Name

TICKER NEWS SERVICE (TNS), INC.

Principal Place of Business

14038 SW 140 STREET
MIAMI FL 33186
US

Mailing Address

14038 SW 140 STREET
MIAMI FL 33186
US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0308103

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

YANEZ, MERCEDES
8365 SW 152 AVE
#212
MIAMI FL 33193

Name

Mercedes Yanez

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

14038 SW 140 ST

City

Miami

FL

Zip Code

33186

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

Mercedes Yanez
Signature, typed or printed name of registered agent and title if applicable.

Mercedes Yanez

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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 ☐ Delete
NAME D
STREET ADDRESS YANEZ, MERCEDES
CITY-ST-ZIP 8365 S.W. 152 AVE., APT. 212
MIAMI FL 33193

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14038 SW 140 Street
CITY-ST-ZIP Miami, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

Mercedes Yanez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 (305) 969-6397
Date Daytime Phone #

0235921

CR2E034 (10/00)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90087 048 ***150.00



DO NOT WRITE IN THIS SPACE