## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # V10426** 1. Entity Name TCPI, INC. 01-29-2001 90020 025 \*\*\*150.00 Principal Place of Business Mailing Address 33MXSWX15THKS/TREEX X34X SW X9TH SPREKIX POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 US 2. Principal Place of Business 3333 SW 15 STREET 3. Mailing Address 3333 SW 15 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0308922 Not Applicable Ζiρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ECKHAUS, JAY E ESQ. Street Address (P.O. Box Number is Not Acceptable) 384KSWXKXSTREET 3333 SW 15 STREET POMPANO BEACH FL 33069 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition **PDC** Change TITLE TITLE BLOCK, ELLIOTT ARONOWITZ, JACK L. NAME NAME 3333 SW 15 STREET STREET ADDRESS STREET ADDRESS 3341 SW 15 ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33069 POMPANO BEACH FL 33069 X Addition ☐ Change TITLE X Change TITLE RAUTBORD, CLAYTON 3333 SW 15 STREET **GURKIN, MARTIN** NAME NAME 8841/SWI /18 ST / 3333 SW 15 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33069 POMPANO BEACH FL 33069 ~ \_ \_ 🔄 Delete 🗝 TITLE XXX Change ☐ Addition ج دس مند JITLE. NAME USINOWICZ, WALTER V JR NAME STREET ADDRESS /384/SW/18/ST 3333 SW 15 STREET STREET ADDRESS 3333 SW 15 STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33-0069 SECRETARY TITLE VGC ☐ Delete TITLE ☐ Change X Addition NAME ECKHAUS, JAY E STREET ADDRESS STREET ADDRESS 3347 \$W/15/\$T/ 3333 SW 15 STREET X Change 3333 SW 15 STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 TIT! F D ☐ Delete TITLE Change ☐ Addition NAME BUTERBAUGH, NOEL NAME STREET ADDRESS STREET ADDRESS 33A1 SW/15/ST/ 3333 SW 15 STREET 3333 SW 15 STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 TITLE K Change ☐ Addition TITLE. Delete NAME REIMER, STANLEY NAME STREET ADDRESS STREET ADDRESS 3341 SW/15/9T/ 3333 SW 15 STREET 3333 SW 15 STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069

13. I hereby certify that the information supplied with this filling 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.

Jay E. Eckhaus, Secretary

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 01/17/01

954-979-0400 ext. 235

FILED