

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT -7 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V12835

1. Entity Name

Technical Design Associates Inc.  
(Amended)



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9715 W. Broward Blvd.

3. Mailing Address  
9715 W. Broward Blvd.

Suite, Apt. #, etc.  
236

Suite, Apt. #, etc.  
236

City & State  
Plantation, Florida

City & State  
Plantation, Florida

4. FEI Number 65-0313687

Applied For  
Not Applicable

Zip  
33324

Country  
United States

Zip  
33324

Country  
United States

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Enrique Thompson

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

456 South Royal Poinciana Blvd.

City Miami Springs

FL

Zip Code  
33166

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*E. Thompson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-2-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
President	Enrique Thompson	456 S. Royal Poinciana Blvd.	MIAMI SPRINGS, FL 33166
Director	Karl Thompson	456 South Royal Poinciana Blvd.	MIAMI SPRINGS, FL 33166
Officer	Jennifer Thompson	456 South Royal Poinciana Blvd.	MIAMI SPRINGS, FL 33166
	all 3 are		
	in:		
		Miami Springs, FL 33166	

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*E. Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-02-03

Date

786-547-5555

Daytime Phone #

CR2E034B (12/02)

21 10/8