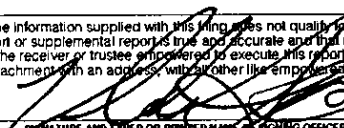


FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90141 022 ***150.00

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

DOCUMENT # V40945		
1. Entity Name TPF "50/50", INC.		
Principal Place of Business 210 174TH STREET #1209 SUNNY ISLES BEACH, FL 33160 US		Mailing Address 210 174TH STREET #1209 SUNNY ISLES BEACH, FL 33160 US
2. Principal Place of Business 2810 NE 201 Terr. Suite, Apt. #, etc. Bed. G apt 213		3. Mailing Address 2810 NE 201 Terr. Suite, Apt. #, etc. Bed. G apt 213
City & State AVENTURA FL		City & State AVENTURA-FL
Zip 33180 Country USA		Zip 33180 Country USA
4. FEI Number 65-0354003		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KATSMAN, MARK ESQ 9360 S. DIXIE HWY PH2 MIAMI, FL 33166		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)		
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVS ARTSIBACHEV, VLADIMIR 210 174TH STREET MIAMI, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHACHATURIAN, ANGELA 210 174 STREET #1209 SUNNY ISLER, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(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 Block 11 if changed, or on an attachment with an address, without other like employment.		
SIGNATURE: 		3/18/03 Date Daytime Phone #

90061479



☒ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)