

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V52369**

1. Entity Name

**T.A. COMMUNICATIONS, INC.**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90068 045 \*\*\*150.00

Principal Place of Business

Mailing Address

**8045 NW 36 ST  
 STE 516  
 MIAMI FL 33166  
 US**

**PO BOX 821034  
 SOUTH FLORIDA FL 33082-1034  
 US**

2. Principal Place of Business

**5580 NW 84 AVE**

3. Mailing Address

**P.O BOX 821034**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FLORIDA**

City & State

**SOUTH FLORIDA, FL.**

4. FEI Number

**65-0356426**

Applied For

Not Applicable

Zip

**33166**

Country

**USA.**

Zip

**33082**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TOVAR, ANTONIO  
 10110 SW 56TH ST  
 MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name **Adela Ramirez**

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

**15656 NW 12 Mnr.**

City **PEMBROKE PINES**

**FL**

Zip Code

**33028**

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

**Alejandro Tovar**

**3/28/2000**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE  Delete  
 NAME **TV MOROS, MIGUEL A**  
 STREET ADDRESS **15656 NW 12 MANOR ST**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE  Delete  
 NAME **P RAMIREZ, ADELA**  
 STREET ADDRESS **15656 NW 12 MANOR ST**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME **V MOROS MIGUEL A**  
 STREET ADDRESS **15656 NW 12 MANOR ST.**  
 CITY-ST-ZIP **PEMBROKE PINES FL- 33028**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **TIC ALEJANDRO TOVAR**  
 STREET ADDRESS **15656 NW 12 MANOR ST.**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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:

**SIGNATURE**

**3/28/2000**

**305-436-5022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)