2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91145 003 ***150.00

DOCUMENT # V52369

1. Entity Name
T.A. COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
5580 NW 84 Ave MIAMI FL 33166	PO BOX 821034 South Florida FL 33082-1034

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6216 SW 8th ST	5580 NW 84 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33144 Country: USA	Zip: 33166 Country: USA

4. FEI Number 65-0356426 ☐ 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
RAMIREZ Adela 15656 NW 12 MANOR Pembroke Pines FL 33028	Name: RAMIREZ Adela Street Address (P.O. Box Number is Not Acceptable): 6216 SW 8th Street City: MIAMI FL Zip Code: 33144

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 _____ 4/20/02 Ramirez Adela
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) ☒

FILING FEE & TAX
$ 150.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAMIREZ Adela 15656 NW 12 MANOR Pembroke Pines FL 33028 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAMIREZ Adela 6216 SW 8th ST MIAMI FL 33144 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Tovar Alejandro 15656 NW 12 MANOR Pembroke Pines FL 33028 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 REQUIRED 4/27/02 954-6838193