

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90002 048 \*\*\*558.75

**DOCUMENT # F00000004711**

**1. Entity Name**  
**TODO1 SERVICES, INC.**

**Principal Place of Business**  
**1221 BRICKELL AVE., SUITE 2100**  
**MIAMI FL 33131**

**Mailing Address**  
**1221 BRICKELL AVE., SUITE 2100**  
**MIAMI FL 33131**

**2. Principal Place of Business**  
**7600 NW 19TH STREET**  
**Suite, Apt. #, etc.**  
**SUITE # 600**

**3. Mailing Address**  
**7600 NW 19TH STREET**  
**Suite, Apt. #, etc.**  
**SUITE # 600**

**City & State**  
**MIAMI, FL**

**City & State**  
**MIAMI, FL**

**Zip**  
**33126**

**Country**  
**USA**

**Zip**  
**33126**

**Country**  
**USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
**52-2249861**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**CORPDIRECT AGENTS**  
**103 N. MERIDIAN ST., LOWER LEVEL**  
**TALLAHASSEE FL 32301**

**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.**

**SIGNATURE** \_\_\_\_\_ 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>C</b> <b>LEIROS, ARMANDO</b> <b>AV. ANDRES BELLO EDIF. MERCATIL, PISO 33</b> <b>SAN BERNARDINO, CARACAS, VEN</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>See ATTACHED List</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**9/10/01 786-331-0001**  
**Date Daytime Phone #**

CR2E034 (5/01)

ATTACHMENT

978569

**TOD01 SERVICES, INC.**  
7600 NW 19<sup>TH</sup> STREET, SUITE # 600  
MIAMI, FL 33126

Re: **2001 UNIFORM BUSINESS REPORT**  
**LIST OF OFFICERS/DIRECTORS**

**BLOCK 11. Last Reported Officers/Directors**

F00000004711

Title: C/D  
Name: Leiros, Armando  
Street Address: Ave. Andres Bello Edif. Mercantil, Piso 33  
City-ST-ZIP: San Bernardino, Caracas, Venezuela

**BLOCK 12. Additions to Officers and Directors in Block 11**

Title: D  
Name: Marturet, Gustavo  
Street Address: Ave. Andres Bello, Edif. Mercantil, Piso 35  
City-ST-ZIP: San Bernardino, Caracas, Venezuela

Title: D  
Name: Villar, Guillermo  
Street Address: Ave. Andres Bello, Edif. Mercantil, Piso 33  
City-ST-ZIP: San Bernardino, Caracas, Venezuela

Title: D  
Name: Rosales, Nerio  
Street Address: Ave. Andres Bello, Edif. Mercantil, Piso 33  
City-ST-ZIP: San Bernardino, Caracas, Venezuela

Title: D  
Name: Gasparri, Rodolfo  
Street Address: Ave. Andres Bello, Edif. Mercantil, Piso 12  
City-ST-ZIP: San Bernardino, Caracas, Venezuela

Title: D  
Name: Gonzalez, Alejandro  
Street Address: Ave. Andres Bello, Edif. Mercantil, Piso 33  
City-ST-ZIP: San Bernardino, Caracas, Venezuela

Title: P  
Name: Ortega, Fernando  
Street Address: 7600 NW 19<sup>TH</sup> Street, Suite# 600  
City-ST-ZIP: Miami, FL 33126

Title: S  
Name: Florez, Gerardo  
Street Address: 7600 NW 19<sup>TH</sup> Street, Suite# 600  
City-ST-ZIP: Miami, FL 33126

Title: T  
Name: Vizcaino, Juan C.  
Street Address: 7600 NW 19<sup>TH</sup> Street, Suite# 600  
City-ST-ZIP: Miami, FL 33126