## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \( \int \ 0.000000 471\)

TODO 1 SERVICES, INC

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7.000 Nu 19 St

Suite, Apt. #, etc.

9.00

Suite, Apt. #, etc.

9.00

Sity & State

Tip

Zip

Country

3. Mailing Address

7.000 Nu 19 St

Suite, Apt. # etc.

9.00

City & State

Tip

Zip

Country

3. Mailing Address

7.000 Nu 19 St

Suite, Apt. # etc.

9.00

City & State

Tip

Zip

Zip

Country

3.31.26

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FILED

02 JUL 22 PH 12: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

000006879130--0 -08/02/02--01057--008 \*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired Status

## DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent
Corpodirect Agents
Street Address (P.O. Box Number is Not Acceptable)
32301
City Tallahassee FL Zip Code
32315

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 Flo				a the broken Charles of Clar	
8 The apply pages above the strong strong the straightful are being so are being so registered arranged and a second solution of the strong straightful and the strong straightful are strong straightful and straightful are strong straightful and straightful are strong straigh		erre i i i i i i i i i i i i i i i i i i	as the transfer data man for the purpose of changing its registered office of registered agent, of	r both, in the State of Fig	mua.
	8. 1	The above named enuty	Stiblists this statement for the barbose of changing to redistrict any consequence of change of the particle and the particle		

This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

**10.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. Treasurer TITLE THE JuanCarlos Vizcaino 7400 Nov. 19 st #600 NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP M<u>lami, F1</u> 33126 CITY ST-ZIP Secretary TITLE Nan Trujillo NAME NAME 1600 MM 19 St #600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP miami, FL 33126 CITY-ST-7IP CEO & President TITLE TITLE Jorge Ivan Toro 7600 NW 195+ #600 NAME NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS miami.FL 33126 CITY-ST-ZIP CITY-ST-ZIP Director HILE IN THIS SPACE THE Sustavo Marturet NAME NAME 1600 NW 19 St #600 STREET ADDRESS STREET ADDRESS Miami, 71 33126 CITY+ST-ZIP Director TITLE ArmandoLeiros NAME 7600 N W 1964 #600 STREET ADDRESS STREET ADDRESS Miami, 71 33126 ITY~ST-ZIP CITY STUDIO TITL Director THLE Jorge Londoño Saldarriaga NAM NAME STREET ADDRESS STREET ADDRESS Miami, Fl 33126

3. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SE

NG OFFICER OR DIRECTOR

ate Daytime Phone #

21 7/22/02

CR2E034B (12/01)

Attachment 1

## FOR PROFIT CORPORATION

Daytime Phone #

U	NIFORM BUSINE	SS REPORT	(UBR)		FILE	D		
DOCUI 1. Entity Name	MENT #			02 JUL 22 PM 12: 51				
i. Endly Name	TODOI SERV	ICES, INC	•					
	. 0 0 1	<del>-</del> ,		_	SECRETARY TALLAHASSE	E, FLORID	A	
ſ	OO NOT WRITE	IN THIS SPA	ACE					
	ace of Business IW 1954	3. Mailing Address	724					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				<del>-</del>
City & State	<b>;</b>	City & State			Number 2 2 2 4 9 8 6 1		Applied Fo	
2ip 33(2		33124	Country	5. C	ertificate of Status Desired		3.75 Additional e Required	
	<u>v 103/1</u>				ne and Address of Current	Registered A	gent	
	DO NOT W	PITE	Name Cor	7 <b>0</b> 116	ct Agents	-1		
•			IO3 V	1. Mg	Number is Not Acceptable	<del>Low.</del>	er level	
	IN THIS SP	ACE	32301			****		
	•		CityTalla	has	see	FL	32315	,
9. This corpo	Signature, typed or printed name of registered again a ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)  OFFICERS AND I	January 1 - May After May 1, Amended Make Check Payable	y 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 to Department of S		stating)  10. Election Campaign Fir Trust Fund Contributio		\$5.00 May Added to Fees	•
NAME STREET ADDRESS CFTY-ST-ZIP	Gabriel Jaime Agodelo 7600 NW 1954#600 Miami, Fl 33126		NAME STREET ADDRESS CITY+SI+ZIP		,		÷11:1	CR2E034B (12/01)
NAME STREET ADDRESS CITY - ST-ZIP	Director Fidel Egas Grijalba TLOO NEW 19 ST Miami, Fl 33126		ITTLE NAME STREET ADDRESS CITY-ST-ZIP					CR2E
TITLE. NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT			
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TITLE NAME STREET ADDRESS CITY+SF-ZIP			TITLE NAME STREET ADDRESS STY-ST-ZIP				- 1818/F-17	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAM STRYET ADDRESS CVY-ST-ZIP					
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp nt with an address, with all other like em	true and accurate and that my owered to execute this report	ny exemption stated in signature shall have th as required by Chaptel	Section 1 e same le 607, Flor	19.07(3)(i), Florida Statutes. egal effect as if made under ida Statutes; and that my na	I further certify oath; that I am appears i	y that the informati i an officer or direc in Block 11 or on a	on :tor n

ING OFFICER OR DIRECTOR