

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 22 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F 00000004711

1. Entity Name

TODO 1 SERVICES, INC

DO NOT WRITE IN THIS SPACE

000006879130--0

-08/02/02--01057--008

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7600 NW 19 St

Suite, Apt. #, etc.

600

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Address

7600 NW 19 St

Suite, Apt. #, etc.

600

City & State

Miami, FL

Zip

33126

Country

USA

4. FEI Number

522249861

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corpdirect Agents

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

103 N. Meridian Street, Lower level

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 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)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Juan Carlos Vizecaino 7600 NW 19 St #600 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Ivan Trujillo 7600 NW 19 St #600 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO & President Jorge Ivan Toro 7600 NW 19 St #600 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Gustavo Marturet 7600 NW 19 St #600 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Armando Leiras 7600 NW 19 St #600 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Jorge Londoño Saldarriaga 7600 NW 19 St #600 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

7/22/02

Attachment 1

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

FILED

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Gabriel Jaime Agudelo 7600 NW 19 St #600 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Fidel Egas Grijalva 7600 NW 19 St Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)