

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001340

1. Entity Name

TBA IT SERVICES CORP.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90074 029 ***150.00

Principal Place of Business

Mailing Address

2400 CYPRESS CREEK ROAD
SUITE 100
FT. LAUDERDALE FL 33309

2400 CYPRESS CREEK ROAD
SUITE 100
FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

600 Brickell Avenue Suite, Apt. #, etc. 300U

600 Brickell Avenue Suite, Apt. #, etc. 300U

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33131 USA

Zip Country
33131 USA

4. FEI Number
65-0984258

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

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131

Name Paulo C. Zeredo
Street Address (P.O. Box Number is Not Acceptable)
600 Brickell Avenue, Suite 300U
City Miami FL Zip Code 33131

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 *Paulo C. Zeredo*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 01/30/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LOPES ZEREDO, PAULO CESAR
STREET ADDRESS 2 SOUTH BISCAYNE BLVD.- SUITE 3400
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME GOULART LEAL, LUIZ ANTONIO
STREET ADDRESS 2 SOUTH BISCAYNE BLVD.- SUITE 3400
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Paulo C. Zeredo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/30/01 305-379-8811

CR2E034 (10/00)