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FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an

achment with an address, with all other like empowered.

Feb 14, 2002 8:00 am Secretary of State P00000001340 DOCUMENT # 1. Entity Name TBA IT SERVICES CORP. 02-14-2002 90077 019 ***150.00 Mailing Address Principal Place of Business 600 BRICKELL AVE 600 BRICKELL AVE 3004 **MIAMI FL 33131 MIAMI FL 33131** HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number 65-0984258 Mlam MIAM Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZEREDO, PAULO C Street Address (P.O. Box Number is Not **600 BRICKELL AVE** STE 3004 MIAMI FL 33131 City amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above PAULO TEREDO - DIRECTUR SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Directo CR2E034 (9/01) Change TITL F ☐ Addition TITLE □ Delete PAULO CES AR ZEREDO LOPES ZEREDO, PAULO CESAR NAME NAME 600 BRICHell Ave. Suite 2 SOUTH BISCAYNE BLVD.- SUITE 3400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 3313 CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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