## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036(30

TR SORVICES I INC



## FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90679 050 \*\*\*150.00

1.K	. Dervices	1. INC.			
DO	O NOT WRITE	IN THIS S	PACE	AUGAETA	1
2. Principal Place 3560	of Business Ave S.W.	3. Mailing Address	2d Ave S.W.		
Suite, Apt. #, etc		Suite, Apt. #, etc.	AVE 3.1V.	DO NOT WRITE IN THIS	SPACE
City & State		City & State		4. FEI Number	Applied For
NAPIQS Zin	Country	NAPIS	T and	65-10111406	Not Applicable
34117	USA	2ip 34117	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Name and Address of Current Registered	
	DO NOT W	DITE		idez, Jorge L	
		AND 1985 1986 1986 1986 1986 1986 1986 1986 1986	Street Address (I	P.O. Box Number is Not Acceptable)	
	IN THIS SP	ACE	35/5	720	<del></del>
			3560 City <b>A</b> /		
8 The above name	ad entity submits this statement for	the purpose of sheet in the	- NADI	રડ FL	Zip Code 34/17
the obligations of	of registered agent.	the purpose of changing its	s registered office or registere	ed agent, or both, in the State of Florida. I am fa	amiliar with, and accept
SIGNATURE					
Signatu	ire, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature required	when reinstating) DATE	
After Am	1 - May 1: Fee is \$150.00 May 1, Fee is \$550.00 ended UBR is \$61.25 ible to Florida Department of			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
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	nat the information supplied with the	is filing does not qualify for	the exemption stated in Sect	ion 110 07/2V/). Florida Con	

12. 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

305-887-4/85

20F034R (12/02