FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am Secretary of State

OMITORIN BOOMER 1				05-24-2002 91337 036 ***150.00		
DOCUMENT # POODOOHIGE3						
1. Entity Name	9					
TRA	SER & SERVICES	, INC.	\ \			
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	OO NOT WRITE	IN THIS SP	ACE			
				1		
Principal Place of Business 3. Mailing Address						
268 5T S.W. 152 AVE. 9490 OLS CV			LEL ROAD	<u> </u>		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE	
				4. FEI Number Applied For		
City & State		City & State		6.51006-15-/-	Not Applicable	
		Zip Country			\$8.75 Additional	
Zip	Country MIAHI-DADE	83156-2243		5. Certificate of Status Desired	Fee Required	
33 a3	O MAINAI DADE	() 0/16 72/0 7		7. Name and Address of Current Registere	d Agent	
			Name	AEL J. HOYOS		
DO NOT WRITE			Stroot Address	Street Address (P.O. Box Number is Not Acceptable) 9491 040 CVTLER LANE		
			9491			
IN THIS SPACE						
			City CORRI CARIES FL Zin Code (
			CORE	TE GHOLU-	- 33/02	
8 The above	named entity submits this statement for	r the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida.		
o. me acove	11-111 8	, ,		- L		
CICNATURE	Mexical Hoyos	RAFAEL		PRES S/1)	3002	
SIGNATUR €.	Signature, typed or printed have of registered agent a		Registered Agent signature requir	ed when reinstating) DATE		
O This sores	eration is aliaible to satisfy its Intangible	January 1 - Ma	y 1 Fee is \$150.00	10. Election Campaign Financing	\$5.00 May Be	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 Amended UBR is \$61.25					Added to Fees	
	ria on back)	Make Check Payabl	e to Department of St	ate		
11.	OFFICERS AND	DIRECTORS				
TITLE	DIRECTOR - PRESA	VENT	TITLE			
NAME	RAFAEL J. HOYO	ک	NAME	·		
STREET ADDRESS	9490 OLD CUTLER	LANE	STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	CORAL GABLES,	EL 33156				
TITLE	DIRECTOR		TITLE NAMÉ			
NAME	MARIA C. LEIVA	سيروه و د	STREET ADDRESS			
STREET ADDRESS	7 7 70 020 00	R LANE	FÖRY-ST-ZIP	أأداه معايلو ماه أأراء وهامين ياران أأسيب		
CITY-ST-ZIP	MORAL CABLES , "	<u> </u>	TITLE		•	
TITLE			NAME			
NAME STREET ADDRESS			STREET ADDRESS	DO NOT WR	ITE	
CITY-ST-ZIP			CITY-ST-ZIP	DO NOT WK	1 1 ha	
			TITLE	IN THIS SPA	CF	
TILE NAME			NAME	IIA TUIO OFA		
STREET ADDRESS			STREET ADDRESS			
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TITLE			TITLE		•	
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CITY-ST-ZIP						
TITLE			TITLE NAME			
NAME			NAME STREET ADDRESS			
STREET ADDRESS	·		CITY-ST-ZIP	·		
CITY-ST-ZIP	1	h while filling door not qualify for		Section 119.07(3)(i), Florida Statutes, I further of	certify that the information	
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 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.						
of the co	orporation or the receiver or trustee em	powered to execute this repor mnowered.	rt as required by Chapte	r our, monda statutes; and that my haine appe	GIS IN DIQUE 17 OF OH OH	
auacnm	BEIR WILLI GLODESS, WILL GOODS INC.	1 B			1, -1,-11	
SIGNATURE: X Mafal Hoyas & President May 1/2002 (385) 331.5154						
JOIGIA	SIGNATURE AND TYPED OF	FRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Dayume Phone #	
KAFAEL HOYOS						