## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000082534

Entity Name

TED SERVICES, INC.

Principal Place of Business

Mailing Address

2807 NORTH COURSE DRIVE UNIT N-103

Mailing Address

2807 NORTH COURSE DRIVE UNIT N-103

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	POMPANO BEACH FL 33069		POMPANO BEACH FL 33069						
City & State  Country  Country  S. Cartificiate of Status Desired   Replication   Required   Representation   Required   Replication   Required   Repeated	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country 5. Certificate of Status Desired 5. S. Additional Fee Required Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent NoFIL 8. NOFIL P.A. 3224 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319  City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Sicha-TURE Spreamer Road premier are of registered agent and title 1 appacable. (In DTE Registered Agent agratum required Transport Company of Transpo	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SP	'ACE	
Secondary   Seco	City & State		City & State						
S. Name and Address of Current Registered Agent  NOFIL & NOFIL P.A. 3294 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319  City FL Zip Code  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 Flonda.  SIGNATURE  Signature, hind or present review of registered agent and title 1 apprictures.  POTE: Inquiried Apent agent are registered agent, or both, in the State of Flonda.  SIGNATURE  Signature, hind or present review of registered agent and title 1 apprictures.  PATE: Inquiried Apent agent are registered agent, or both, in the State of Flonda.  SIGNATURE  SIGNATUR	Zip	Country	Zip	Country			, , \$	8.75 Addit	tional
NOFIL & NOFIL P.A. 3294 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319  City FL Zip Code  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 hand of pretect name of ingitized agent and the Lapskishe. (NOTE Registered Agent agent are management)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  MAKE  GIMENEZ, TEODORO E SIRELA DORSS  CITY-ST-2P  POMPANO BEACH FL 33069  Delete  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  POMPANO BEACH FL 33069  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  POMPANO BEACH FL 33069  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRELA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  CITY-ST-2P  TITLE  MAKE  SIRE		6 Name and Address of Current B	naistared Agent			Mama and Address of New Do			
Signature  9. This corporation is eligible to satisfy its intangible Tax filler MAY 1, 201 Fee will be \$550.00  After MAY 1, 201 Fee will be \$550.	6. Name and Address of Current Registered Agent			Name					
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 hyper or prefet water of registered agent and stee if applicable.   (NOTE Registered Agent spontume required when relicitating)   DATE	3284 NORTH STATE ROAD 7			Street /	Street Address (P.O. Box Number is Not Acceptable)				
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 reintatining)   DATE				City			FI	Zip Code	
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	NAME STREET ADDRESS								

13. I hereby certify that the information supplied with this filling 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 of the corporation of the corporation or the receiver of the corporation of the corporation

SIGNATURE:

CITY-ST-ZIP

ATTRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/01 951-U84-5533

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90180 006 \*\*\*150.00

CR2E034 (10/00)