

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90335 046 ***150.00

DOCUMENT # P02000053253

1. Entity Name
TD SERVICES CORP.



Principal Place of Business
**8475 SW 48TH STREET
MIAMI FL 33155**

Mailing Address
**8475 SW 48TH STREET
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address
7850 CAMINO REAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.
0-416

City & State

City & State
MIAMI, FL

4. FEI Number

04-3689228

Applied For

Not Applicable

Zip

Country

Zip
33143

Country

MIAMI-DADE

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TOMAS, JUAN M
8475 SW 48TH STREET
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **TOMAS, JUAN M**
Street Address (P.O. Box Number is Not Acceptable)
**7850 CAMINO REAL
0-416**
City **MIAMI** FL Zip Code **33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **TOMAS, JUAN M**
CITY-ST-ZIP **8475 SW 48TH STREET
MIAMI FL 33155**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **TOMAS, ROBERTO**
CITY-ST-ZIP **8475 SW 48TH STREET
MIAMI FL 33155**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DOLAN, CATALINA GEN-MGR**
CITY-ST-ZIP **8475 SW 48TH STREET
MIAMI FL 33155**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **TOMAS, MARIA F**
CITY-ST-ZIP **8475 SW 48TH STREET
MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **Tomas, Maria F**
CITY-ST-ZIP **650 NW 86 place apt. 107 Miami, FL 33126**

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

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

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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB-18-2003

Date

305-142-6835

Daytime Phone #

CR2E034 (10/02)