2003 FOR PROFIT-CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

154 WEST 59 STREET HIALEAH FL 33012

P9900004397 **DOCUMENT #**

1. Entity Name

HIALEAH FL 33012

POMPA TAX SERVICES, INC.

Principal Place of Business 154 WEST 59 STREET



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90044 014 ***150.00

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	3186

2. Principal Place of Business 3. Mailing Address						-			
Suite, Apt. #, etc Suite, Apt. #, etc.			, etc.	☐ CHECK HERE IF MAKING CHANGES					
City & State City & State					4. FEI Number 65-0888737 Applied For Not Applica			Applied For Not Applicable	
Zip	Country Zip			untry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
POMPA, LUIS				Street Address (P.O. Box Number is Not Acceptable)					
154 WEST	59 STREET			Citot (Addices (1.0. 25) (Addison to Not 1 ecopiasis)					
HIALEAH F	FL 33012						,		
•				City FL Zip Code					
	named entity submits this statement tions of registered agent.	for the purpose of c	hanging its registe	ered office or req	gistered age	ent, or both, in the State of Florida	. I am familiar with	, and accept	
CIONATUDE									
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registe	ered Agent signature r	equired when re	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financ Trust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AN	D DIRECTORS	11	1.	AD	DITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 11	
	PST		Delete TI	TLE			Change	☐ Addition	
	POMPA, LUIS			AME					
STREET ADDRESS	154 WEST 59 STREET			REET ADDRESS					
	HIALEAH FL 33012			TY-ST-ZIP					
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u. Loereny (centry inal the information supplied w	un arus mino does no	u duality for the ex	ternonon stated.	iii aection	TTS.U73.500. FIORGA STATUTES. LTDM	ner cenuv mai me	nnormalion !	

or the early that the information supplied with this iming does not quality 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 their like empowered.

SIGNATURE:

Daytime Phone #