

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**  
 01-30-2001 90060 005 \*\*\*150.00

**DOCUMENT # P99000066055**

1. Entity Name  
**TAMMY'S SERVICES INC.**

Principal Place of Business      Mailing Address  
**16456 NW 18 STREET**      **16456 NW 18 STREET**  
**PEMBROKE PINES FL 33028**      **PEMBROKE PINES FL 33028**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**PMB # 127-15751 SHERIDAN ST**

City & State      City & State  
**Fort Lauderdale**  
 Zip      Country      Zip      Country  
**33331**      **USA**

4. FEI Number      Applied For  
**65-0941097**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BELLO, JOSE**  
**16456 NW 18 STREET**  
**PEMBROKE PINES FL 33028**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>BELLO, TAMARYS</b>	<b>16456 NW 18 STREET</b>	<b>PEMBROKE PINES FL 33028</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 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 Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 13<sup>th</sup>, 2001 (954) 441-4686**  
 Date      Daytime Phone #

CR2E034 (10/00)