

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90088 019 \*\*\*150.00

**A9068111**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000073841  
 1. Entity Name **Tom Services Inc.**

Principal Place of Business Mailing Address  
**10780 West Flagler St.**  
**Suite #11**  
**Miami, FL 33174**

2. Principal Place of Business 3. Mailing Address  
**10780 W. Flagler St** **10780 W Flagler St**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite #11** **Suite #11**  
 City & State City & State  
**miami - fl.** **miami, fl.**  
 Zip Country Zip Country  
**33174 USA 33174 USA**

4. FEI Number **65-0953557** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Meza, Martha Irma**  
**7740 SW 97 Avenida**  
**Miami, FL 33173**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Meza, MARTHA IRMA</b>		NAME <b>Oda Luz Meza</b>	
STREET ADDRESS <b>7740 SW 97 Ave.</b>		STREET ADDRESS <b>7740 SW 97 Ave.</b>	
CITY-ST-ZIP <b>miami, fl. 33173</b>		CITY-ST-ZIP <b>MIAMI - fl. 33173</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>MARTHA T. OBREGON</b>	
STREET ADDRESS		STREET ADDRESS <b>7740 SW 97 Ave.</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>miami, fl. 33173</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <b>Martha Irma Meza</b>	
STREET ADDRESS		STREET ADDRESS <b>7740 SW 97 Ave</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>miami fla 33173</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 empowered.

SIGNATURE: Martha Irma Meza \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

999000073241

H0008111

Division of corporations  
Tallahassee Fla. 32314

July 7, 2000

Dear Sirs y/o Madame:

Enclosed please find form 2000 UBR with our information. Our corporation has not yet begun operations because we were waiting for our Banking Dep. Licence for money transmitting (which was approved as of June 16, 2000). We were aware that had to file such form and requested several times without positive results.

Just recently and with June 30' post stamp. We got the mentioned form which is enclosed and for for which we ask you to dispense or accept that we pay \$150 as our "filling" fee because we could not file the form because we did not get it before now.

Thank-you very much for your attention and understanding.

Martha Obregon  
Director.