

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUN -8 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000073841**

1. Entity Name: **Tom Services, Inc.**

Principal Place of Business: **7740 SW 97TH AVE. MIAMI, FL 33173**  
 Mailing Address: **7740 SW 97TH AVE. MIAMI, FL 33173**

2. Principal Place of Business: **7740 SW 97TH AVE**  
 Suite, Apt. #, etc.

3. Mailing Address: **SAME**  
 Suite, Apt. #, etc.

City & State: **MIAMI, FL 33173**  
 Zip: **33173** Country: **USA**

City & State: **MIAMI, FL 33173**  
 Zip: **33173** Country: **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:  
**MARTHA IRMA MEZA**  
**7740 SW 97TH AVE**  
**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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>P/T</b>	NAME: <b>MARTHA IRMA MEZA</b>	TITLE:	NAME: <b>700004475667</b>
STREET ADDRESS: <b>7740 SW 97TH AVE</b>	CITY-ST-ZIP: <b>MIAMI, FL 33173</b>	STREET ADDRESS:	CITY-ST-ZIP: <b>-07/16/01--01005-01</b>
TITLE: <b>S/</b>	NAME: <b>ADA LIZ MEZA</b>	TITLE:	NAME: <b>****150.00 ****150.</b>
STREET ADDRESS: <b>7740 SW 97TH AVE</b>	CITY-ST-ZIP: <b>MIAMI, FL 33173</b>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>T/</b>	NAME: <b>MARTHA T. OBREGON</b>	TITLE:	NAME:
STREET ADDRESS: <b>7740 SW 97TH AVE</b>	CITY-ST-ZIP: <b>MIAMI, FL 33173</b>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>D/</b>	NAME: <b>CLAUSIA OBREGON</b>	TITLE:	NAME:
STREET ADDRESS: <b>7740 SW 97TH AVE</b>	CITY-ST-ZIP: <b>MIAMI, FL 33173</b>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	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 I, as officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed this report, changed, or on an attachment with an address, with all other like empowered signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: **Martha Irma Meza** Date: **05/30/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2624 (1/00)