

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90233 009 \*\*\*550.00

0020045 AV

**DOCUMENT # 513715**

1. Entity Name

**TOMI'S ENTERPRISES, INC.**

Principal Place of Business

851 E. 25TH ST  
HIALEAH FL 33013-3401

Mailing Address

851 E. 25TH ST  
HIALEAH FL 33013-3401

2. Principal Place of Business

HIALEAH HARDWARE & Lumber

3. Mailing Address

851 EAST 25 Street.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH FLA.

City & State

4. FEI Number

59-1920405

☒ Applied For

☐ Not Applicable

Zip

33013

Country

USA

Zip

Country

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

VINUELA, TOMAS  
6190 W 19TH ST  
HIALEAH FL 33012

Name

TOMAS VINUELA

Street Address (P.O. Box Number is Not Acceptable)

6061 COLLINS AVE, Suite 11A

City

MIAMI BEACH

FL

Zip Code

33140

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07/04/01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PD  
NAME VINUELA, TOMAS  
STREET ADDRESS 6190 WEST 19TH ST.  
CITY-ST-ZIP HIALEAH FL ☒ Delete

TITLE S  
NAME VINUELA, MENERVA  
STREET ADDRESS 6190 WEST 19TH ST.  
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME VINUELA, TOMAS  
STREET ADDRESS 6061 COLLINS AVE, Suite 11A  
CITY-ST-ZIP MIAMI BEACH, FL. 33140 ☐ Change ☒ Addition

TITLE V.P.  
NAME Luis VINUELA  
STREET ADDRESS 4866 NW. 107 PASS.  
CITY-ST-ZIP MIAMI, FL. 33178 ☐ Change ☒ Addition

TITLE Secretary/Treasurer  
NAME MINERVA VINUELA  
STREET ADDRESS 6061 COLLINS AVE, Suite 11A  
CITY-ST-ZIP MIAMI BEACH, FL. 33140 ☐ Change ☒ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/04/01

Date

(305)693-4632

Daytime Phone #

CR2E034 (5/01)