

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90111 003 \*\*\*150.00

**DOCUMENT # 513715**

1. Entity Name  
**TOMI'S ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**851 E. 25TH ST 851 E. 25TH ST**  
**HIALEAH FL 33013-3401 HIALEAH FL 33013-3401**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1920405**

Applied For  
 Not Applicable

Zip

Country

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**  
**6061 COLLINS AVE**  
**STE 11A**  
**MIAMI FL 33140**

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, 2002 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 PD ☒ Delete  
 NAME VINUELA, TOMAS  
 STREET ADDRESS 6190 WEST 19TH ST.  
 CITY-ST-ZIP HIALEAH FL

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

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

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

TITLE P ☐ Delete  
 NAME VINUELA, TOMAS  
 STREET ADDRESS 6061 COLLINS AVE STE 11A  
 CITY-ST-ZIP MIAMI FL 33140

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

TITLE VP ☐ Delete  
 NAME VINNELA, LUIS  
 STREET ADDRESS 4866 NW 107TH PASS  
 CITY-ST-ZIP MIAMI FL 33178

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

TITLE ST ☐ Delete  
 NAME VINUELA, MINERVA  
 STREET ADDRESS 6061 COLLINS AVE STE 11A  
 CITY-ST-ZIP MIAMI FL 33140

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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 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, in all other title empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)