

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000804**

1. Entity Name  
**THE TOMAS FAMILY LIMITED PARTNERSHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN 13 AM 10:12

Principal Place of Business  
**1867 N.W. 72ND AVE.  
MIAMI FL 33126**

Mailing Address  
**1867 N.W. 72ND AVE.  
MIAMI FL 33126**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-1123335**

Applied For  
Not Applicable

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

**HEF-REGISTERED AGENT CORP.  
2601 SOUTH BAYSHORE DRIVE, SUITE 600  
MIAMI FL 33133**

Name **JOSE T. TOMAS / TILES & STONES, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1867 N.W. 72 AVE**  
City **MIAMI** FL Zip Code **33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**MAKE CHECK PAYABLE TO FL DEPT OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **TOMAS, JOSE**  
STREET ADDRESS **1867 N.W. 72ND AVE.**  
CITY-ST-ZIP **MIAMI FL 33126**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME **TOMAS, DESEMPARADOS**  
STREET ADDRESS **1867 N.W. 72ND AVE.**  
CITY-ST-ZIP **MIAMI FL 33126**

STREET ADDRESS  
CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

6-9-03  
2/21/03

CD05003 (10/00)

STAPLE CHECK HERE