

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000563

1. Entity Name

TOMATO'S LTD.

FILED

00 JAN 24 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

ATTN: JEREMY S. LARKIN

9500 SOUTH DADELAND BLVD., SUITE 702

MIAMI FL 33156

Mailing Address

ATTN: JEREMY S. LARKIN

9500 SOUTH DADELAND BLVD., SUITE 702

MIAMI FL 33156-2849

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0841118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WLS, INC.

9500 SOUTH DADELAND BLVD., SUITE 702

MIAMI FL 33156

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$550,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P93000054903  
NAME 10 S.E. 4TH ROAD CORPORATION  
STREET ADDRESS 9500 SO. DADELAND BLVD., SUITE 702  
CITY - ST - ZIP MIAMI FL 33156

STREET ADDRESS  
CITY - ST - ZIP 100003113821--6  
01/27/00 01119-024  
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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 #

1/14/00

305-670-2900