2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000563

1. Entity Name

` TOMATO'S LTD.

Principal Place of Business	Mailing Address
ATTN: JEREMY S. LARKIN	ATTN: JEREMY S. LARKIN
9500 SOUTH DADELAND BLVD., SUITE 702	9500 SOUTH DADELAND BLVD., SUITE 702
MIAMI FL 33156	MIAMI FL 33156

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business *9655 S. Dixie Highway*
Suite, Apt. #, etc. *Suite 200*
City & State *Miami, FL*
Zip *33156* Country *US*

3. Mailing Address *9655 S. Dixie Highway*
Suite, Apt. #, etc. *Suite 200*
City & State *Miami, FL*
Zip *33156* Country *US*

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0814740** ☐ 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
WLS, INC.	Name
9500 SOUTH DADELAND BLVD., SUITE 702	Street Address (P.O. Box Number is Not Acceptable) *9655 S. Dixie Highway*
MIAMI FL 33156	Suite 200
	City *Miami* FL Zip Code *33156*

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 _____ DATE *1/31/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 # P93000054903 NAME 10 S.E. 4TH ROAD CORPORATION STREET ADDRESS 9500 SO. DADELAND BLVD., SUITE 702 CITY-ST-ZIP MIAMI FL 33156	STREET ADDRESS *9655 S. Dixie Highway, Suite 200* CITY-ST-ZIP *Miami, FL 33156*
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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 *1/31/01* Daytime Phone # *305-670-2500*