

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G44153**

1. Entity Name
TOSAR CORPORATION

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90096 005 ***158.75

Principal Place of Business

P.O. BOX 924871
PLANTATION FL 33092

Mailing Address

P.O. BOX 924871
PLANTATION FL 33177-0007

2. Principal Place of Business

20505 S. Dixie Hwy

3. Mailing Address

P.O. BOX 770367

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami FL

City & State

miami FL

4. FEI Number

59-2309276

Applied For

Not Applicable

Zip

33189

Country

Dade

Zip

33177-0007

Country

Dade

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORIN, THOMAS
11681 N.W. 23RD ST
PLANTATION FL 33323

7. Name and Address of New Registered Agent

Name

Borin Thomas

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

6051 N. Ocean Dr. #502

City

Hollywood

FL

Zip Code

33019

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BORIN, THOMAS	
STREET ADDRESS	11681 N.W. 23RD ST	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE	V	<input type="checkbox"/> Delete
NAME	BORIN, SARA	
STREET ADDRESS	11681 N.W. 23RD ST	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borin Thomas	
STREET ADDRESS	6051 N. Ocean Dr. #502	
CITY-ST-ZIP	HOllYWOOD FL 33019	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borin Sara	
STREET ADDRESS	6051 N. Ocean Dr. #502	
CITY-ST-ZIP	HOllYWOOD FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **Thomas H. Borin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-00 305 234 4013

Date

Daytime Phone #

CR2E034 (9/99)