

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

DOCUMENT # L99000001049

1. Entity Name
TOMSAR, LLC

01 MAY 14 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
155 OCEAN LANE DRIVE, APARTMENT 1215
KEY BISCAVNE FL 33149

Mailing Address
155 OCEAN LANE DRIVE, APARTMENT 1215
KEY BISCAVNE FL 33149



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

105090-1658

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAVNE BOULEVARD
SUITE 3400, ONE BISCAVNE TOWER
MIAMI FL 33131

Name JULIETA CADENAS

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

155 OCEAN LANE DR.

APT 1215

City Key Biscayne

FL

Zip Code 33149

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/01

FILE NOW!!!-FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME CADENAS, JULIETA
STREET ADDRESS 155 OCEAN LANE, APT 215
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME EDWARD A. BALTRUSAITIS
STREET ADDRESS 155 OCEAN LANE DR APT 1215
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME CHRISTINA BALTRUSAITIS
STREET ADDRESS 155 OCEAN LANE DR APT 1215
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/10/01 305-361117