## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Sep 07, 2000 8:00 am Secretary of State **DOCUMENT # M78655** 1. Entity Name JOHN A. TOMCHAY, INC. 09-07-2000 90037 025 \*\*\*150.00 Mailing Address Principal Place of Business 8500 S.W. 160TH STREET 8500 S.W. 160TH STREET **MIAMI FL 33157** MIAMI FL 33157 B0105226 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0053167 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAPY, STEPHEN A. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE **SUITE 502 CORAL GABLES FL 33134** City 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May 8e 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE ☐ Change ☐ Addition TITLE TOMCHAY, JOHN A. NAME NAME STREET ADDRESS 8500 SW 160TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ٧S ☐ Defete TITLE TOMCHAY, MARY NAME NAME STREET ADDRESS 8500 SW 160 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TO PED OR PRINTED WARE OF SIGNATURE AND TO PED OR DIRECTOR

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(305)233-4666 Dayting Phone # CR2E034 (5/00

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ECLAT Microproducts®

icroproducts® P.O. Box 570-756

Miami, Florida 33257-0756

Telephone (305) 233-4666 Fax (305) 233-4437

SERT 1, 2000

DEAR SIRS?

PLEASE ACCEPT THE ENCLOSED PAYMENT OF 15000
FOR OUR CORPORATION'S 2000 UNIFORM
BUSINESS REPORT.

I REALIZE THAT THIS IS A LATE PAYMENT, AND

PAST THE MAY I DUE DATE, BUT THE CORPORATION

HAS REEN INACTIVE, WITH NO INCOME,

AND WE HAVE NOT HAD THE FUNDS TO PAY

THE FEE.

PLEASE ACCEPT THE \$150.00 PAYMENT SO THAT WE MAY CONTINUE, AND EARN SOME INCOME.

IN THE YEAR 2000 AND BEYOND.

GREATLY APPRECIATED.

SINCERELY, JOHN GOTOMBUY, PRESIDENT JOHN D'TOMBURY, INC.