

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90142 025 ***150.00

DOCUMENT # P00000014275

1. Entity Name
TUMMY THREADS, INC.



Principal Place of Business
**5733 RIVERA RIVERA DRIVE
CORAL GABLES FL 33146**

Mailing Address
**5733 RIVERA RIVERA DRIVE
CORAL GABLES FL 33146**



2. Principal Place of Business
**C/O BI-Coastal Property Mgmt.
Suite, Apt #, etc.
9099 SW 77th Ave.
Miami, FL 33156**

3. Mailing Address
**C/O BI-Coastal Property Mgmt.
Suite, Apt #, etc.
9099 SW 77th Ave.
Miami, FL 33156**

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL 33156

City & State

4. FEI Number **65-0983432**

Applied For
Not Applicable

Zip Country **US**

Zip Country **US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERSKOWITZ, ANDREW L
BI-COSTAL PROPERTY MANAGEMENT, INC.
250 CATALONIA AVE., SUITE 405
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
C/O BI-Coastal Property Mgmt.
Street Address (P.O. Box Numbers Not Acceptable)
**9099 SW 77th Ave.
Miami, FL 33156**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ANDREW L Herskowitz** **1/6/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HERSKOWITZ, CRISTINA**
STREET ADDRESS **5733 RIVERA RIVERA DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **VSD** ☐ Delete
NAME **HERSKOWITZ, ANDREW L**
STREET ADDRESS **5733 RIVERA RIVERA DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **9099 SW 77th Avenue**
STREET ADDRESS **Miami, FL 33156**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANDREW L Herskowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)