

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90273 009 \*\*\*150.00

DOCUMENT # P00000004659  
 1. Entity Name  
 Trust Management & Investments, Inc.

Principal Place of Business  
 13425 SW 1st Terrace  
 Miami, FL 33184  
 Mailing Address  
 13425 SW 1st Terrace  
 Miami, FL 33184

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

Zip  
 Country

Zip  
 Country

4. FEI Number 65-1038252  
☒ Applied For  
☐ Not Applicable

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

A0062242

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 Tomas Herrera Jr  
 13425 SW 1st Terrace  
 Miami, FL 33184

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.

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, 2001 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 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD Tomas Herrera Jr  
 13425 SW 1st Terr Miami, FL  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 YD Marta Herrera  
 13425 SW 1st Terr Miami, FL  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 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:  Tomas Herrera Jr 2/3/01 305 220 1093  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)