


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUL -7 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000100889 1. Entity Name <b>TOMJAI ENTERPRISES, CORP.</b>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>15952 NW 48 AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>15952 NW 48 AVE</b> Suite, Apt. #, etc.
City & State <b>HALEAH, FL</b> Zip <b>33014</b> Country <b>N</b>	City & State <b>HALEAH, FL</b> Zip <b>33014</b> Country

500021134005  
06/25/03--01056--006 \*\*1050.00  
**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE **01-03**

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-1067201</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <b>AIMALOH IMAHA</b> Street Address (P.O. Box Number is Not Acceptable) <b>18998 SW 39 COURT</b> City <b>MIRAMAR</b> FL Zip Code <b>33029</b>		

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR AIMALOH IMAHA 18998 SW 39 COURT MIRAMAR, FL 33029</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Aimaloh Imaha*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/23/03 (786)295-0912**  
Date: \_\_\_\_\_ Captain State # \_\_\_\_\_

CR2E034B (12/02)