

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91887 014 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000003495

1. Entity Name
TOSTADA INC.



90129337

Principal Place of Business
~~1840 WEST 49TH STREET STE 404~~
~~MIAMI, FL 33042~~

Mailing Address
~~1840 WEST 49TH STREET STE 404~~
~~MIAMI, FL 33042~~

2. Principal Place of Business
1200 NW 78 AVENUE
Suite, Apt. #, etc.
214

3. Mailing Address
1200 NW 78 AVENUE
Suite, Apt. #, etc.
214

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
65-1075486

Applied For
Not Applicable

Zip
33156 Country

Zip
33156 Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PASCUAL, DOMINGO E
~~1840 WEST 49TH STREET STE 404~~
~~MIAMI, FL 33042~~

Name

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

1755 COLLINS AVENUE #705

City
SUNNY ISLES BEACH

FL

Zip Code
33160

7. Name and Address of New Registered Agent

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's signature required when resigning)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	PASCUAL, DOMINGO E			
	17555 COLLINS AVE #705			
	SUNNY ISLES BEACH, FL 33160			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINGO E. PASCUAL
DIRECTOR

Date

Daytime Phone #

CFR2034 (10/02)