03/14/2003 17:39 WILLIAM ALBORNOZ → 3055738473

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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91518 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000007695

1. Entity Name
TOBOR CORPORATION

Principal Place of Business	Mailing Address
801 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	801 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
CASAS RIEGNER GALLERY		CASAS RIEGNER	
Suite, Apt. #, etc. 25 NE 39 ST.		Suite, Apt. #, etc. 25 NE 39 ST.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33137	Country USA	Zip 33137	Country USA

4. FEI Number 65-1106032 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALBORNOZ, WILLIAM H ESQ 801 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	Name CATALINA CASAS Street Address (P.O. Box Number is Not Acceptable) 25 NE 39 ST. City MIAMI FL Zip Code 33137

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

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
[illegible]

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	O CASAS, ALBERTO 801 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 — Date — Daytime Phone #

CR2E034 (10/02)