FILED
Sep 23, 2002 8:00 am
Secretary of State
05-21-2002 90878 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000015661

1. Entity Name
Tomas Construction Group, Inc.

DO NOT WRITE IN THIS SPACE

- 42867

2. Principal Place of Business
Street, Apt. #, etc.
City & State
Zip | County

3. Mailing Address
Street, Apt. #, etc.
City & State
Zip | Country

Federal Employer Identification Number (FEI) 65-0856674 | Applied For | Not Applicable
Certification of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: SERAFIN MENDEZ
Street Address (P.O. Box Number is Not Acceptable)
15499 Harding Lane
City: Homestead FL Zip Code: 33033-2610

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] Date

9. This corporation is eligible to certify its Intangible Tax filing requirements and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $500.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE P/S/T NAME Serafin Mendez STREET ADDRESS 15499 Harding Lane CITY-ST-ZIP Homestead FL 33033-2610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 12 or an attachment with an asterisk, with all other like empowered.

SIGNATURE: [signature] Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR