2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90325 020 ***150.00

DOCUMENT # P01000054815

1. Entity Name
TOVAMA CORPORATION

Principal Place of Business	Mailing Address
C/O ROTH, ROUSSO & DARRACH, P.A.	C/O ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD., SUITE 360	3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7660 SW 83 ct.	7660 SW 83 ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami - FL	City & State: Miami - FL.
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. FEI Number 65-1112157 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROTH, LEONARD A ESQ.
C/O ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021

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. 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

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	DPT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CASAS, CARLOS ALBERTO	NAME	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 360	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	
TITLE	DVS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAJNERMAN, SARA CLAUDIA	NAME	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 360	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #