

04-24-2003 90279 006 ***150.00

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

DOCUMENT # P02000116434 1. Entity Name TOMAS MAN CONSTRUCTION, INC.		
Principal Place of Business 650 JEFFERY ST #6 BOCA RATON, FL 33487-3942		Mailing Address 650 JEFFERY ST #6 BOCA RATON, FL 33487-3942
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address TOMAS MAN CONSTRUCTION, INC. Suite, Apt. #, etc. 7491 N. FEDERAL HWY. C-5 #283
City & State BOCA RATON FLORIDA		4. FEI Number 54-2083660 Applied For Not Applicable
Zip Country 33487 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MAN, TOMAS 650 JEFFERY ST #6 BOCA RATON, FL 33487-3942		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting)</small>		
FILED NOW WITH FEE IS \$150.00 ANY MAY 17, 2003 FEE WILL BE \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	PRESIDENT TOMAS MAN 650 JEFFERY ST. #6 BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	MANAGING DIRECTOR PETR MIKSIK 110 EXECUTIVE CENTER DR. #623 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>Tomas Man, TOMAS MAN, 04/20/03 561-265-7221</u>		Date Daytime Phone #

11013995



CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)