


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90203 046 ***150.00

0005294 AT

DOCUMENT # P02000129706	
1. Entity Name TOMAS & SIMON INVESTMENTS INC.	

Principal Place of Business 5101 COLLINS AVENUE SUITE 3J MIAMI BEACH FL 33140	Mailing Address 5101 COLLINS AVENUE SUITE 3J MIAMI BEACH FL 33140
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2. Principal Place of Business 5101 Collins Avenue Suite, Apt. #, etc. Suite 3J City & State MIAMI BEACH Zip 33140 Country FL	3. Mailing Address 5101 Collins Avenue Suite, Apt. #, etc. Suite 3J City & State MIAMI BEACH Zip 33140 Country FL
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☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent BEDOYA, LILIANA M 5101 COLLINS AVENUE SUITE 3J MIAMI BEACH FL 33140	7. Name and Address of New Registered Agent Name LILIANA MARIA Bedoya Street Address (P.O. Box Number is Not Acceptable) 5101 COLLINS AVE suite 3J City MIAMI BEACH FL Zip Code 33140
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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 Liliana M Bedoya (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEDOYA, LILIANA M 5101 COLLINS AVENUE SUITE 3J MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SERNA, JUAN D 5101 COLLINS AVENUE SUITE 3J MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: Liliana M Bedoya **305 867 0890**

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