

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

DOCUMENT # P93000028061

1. Entity Name

THE CONNECTION BY THOMAS, INC.

FILED

02 APR -5 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15470 SW 82 LN

3. Mailing Address

15470 SW 82 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

332

332

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33193

USA

33193

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

650406073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

15470 SW 82 LN SUITE 332

City

MIAMI

FL

Zip Code

33193

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when resigning)

DATE

04/4/02

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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 Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

(D) THOMAS MARTINEZ
15470 SW 82 LN ST-332
MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

300005338543
-04/25/02--01006--007
***1115.00 ***1115.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/4/02.

Date

Daytime Phone #

CR2224B (9/01)

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THE CONNECTION BY THOMAS, INC.
DOC.#P93000028061

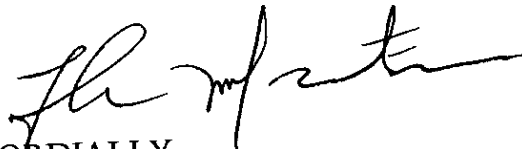
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR REQUEST I HAVE ENCLOSED THE FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

AS I WAS EXPLAINING TO YOUR OFFICE THAT I NEVER GOT ANY
CORRESPONDENCE ON THE ABOVE MENTIONED. PLEASE TAKE THIS
LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT
STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER
AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER
DON'T HESITATE TO CONTACT ME


CORDIALLY
THOMAS MARTINEZ
PRESIDENT