

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000069594

1. Entity Name

A. TOME & ASSOCIATES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90455 035 ***150.00

Principal Place of Business

105 WESTWARD DR
MIAMI SPRINGS FL 33166-5257
US

Mailing Address

105 WESTWARD DR
MIAMI SPRINGS FL 33166-5257
US

2. Principal Place of Business

17 PALMETTO DRIVE
Suite, Apt. #, etc.

3. Mailing Address

17 PALMETTO DRIVE
Suite, Apt. #, etc.

City & State

MIAMI SPRINGS - FL

City & State

MIAMI SPRINGS, FL

4. FEI Number

65-0440555

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOME, ALEJANDRO
105 WESTWARD DR
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name

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

17 PALMETTO DRIVE

City

MIAMI SPRINGS

FL

Zip Code

33166

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
DPS
TOME, ALEJANDRO
105 WESTWARD DR
MIAMI SPRINGS FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
TOME, ALEJANDRO
17 PALMETTO DRIVE
MIAMI - SPRINGS - FL 33166 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEJANDRO TOME

4-17-00

Date

Daytime Phone #

CR2E034 (9/99)