FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: .

| DOCUI<br>1. Entity Nam<br>TOMAGI,                                | · ·  | Feb 05, 2002 8:00 am Secretary of State 02-05-2002 90052 043 ***150.00 |                                       |                                     |   |  |                             |
|--|--|--|---------------------------------------|-------------------------------------|---|--|-----------------------------|
| Principal Place of Business 5284 SW 69TH PLACE MIAMI FL 33155 US |  |  |                                       |                                     |   | Mailing Address 5284 SW 69TH PLACE MIAMI FL 33155 US |                             |
| 2. Principal Place of Business                                   |  | 3. Mailing Address   |                                       | -                                   | IJD IKIKA KIIZA OKZAC KOJAZ KOJAZ DI                |  |                             |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |                                       | DO NOT WRITE IN THIS SPACE          |   |  |                             |
| City & State   |  | City & State   |                                       | 4. FEI Number                       | 65-0580653  |  | oplied For<br>ot Applicable |
| Zip  | Country  | Zip (  | Country                               | 5. Certificate of                   | Status Desired                                      | \$8.75 Add<br>Fee Required                           |                             |
|  | 6. Name and Address of Current R   | egistered Agent  | Name                                  | 7. Name and Ac                      | ldress of New Registers                             | d Agent  |                             |
| ANTHON<br>5284 S.V<br>MIAMI FL                                   |  |  | 5                                     | НОМУ∪R« СБССНИИ<br>5284 S.W. 69 PL. |   |  |                             |
| MINIMI I F   | - 50100  |  | City -                                | MAMI, FL                            | 33155   | Zip Code   |                             |
|  | named entity submits this statement for  |  |                                       |                                     | <del> </del>  | L Zip Code   |                             |
| Tax filing r   | Signature, typed or printed name of registered agent an orration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)                                 | FILE NOW!!! F After May 1, 2002 I Make Check Payable t                 | Fee will be \$550.00                  | 10. Election Trust                  | DATI<br>on Campaign Financing<br>Fund Contribution. | \$5.0<br>Added                                       | May Be                      |
| 11.  | OFFICERS AND D   |  | 12.                                   | ADDITIONS/CH                        | IANGES TO OFFICERS A                                |  |                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                            | P/D<br>CECHINI, ANTHONY R.<br>5284 SW 69 PLACE<br>MIAMI FL 33155   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                     |   | ☐ Change   | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                            |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | -                                   |   | ☐ Change   | ☐ Addition   c              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                            |  | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | · •-                                | •   | ☐ Change   | Addition                    |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP                            |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                     |   | ☐ Change   | Addition                    |
| indicated<br>of the cor  | certify that the information supplied with<br>d on this report or supplemental report is<br>reporation or the receiver of trustee employ<br>, or on an attachment with an address, w | true and accurate and that my s<br>wered to execute this report as r   | ionature shall have the               | e same legal effect a               | s if made under oath, tha                           | it i am an officer                                   | or airector 1               |