

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90265 017 ***150.00

DOCUMENT # P95000070689

1. Entity Name

ToShomie INC. ✓

Principal Place of Business

Mailing Address

Same

9910 Dominican Drive
 Miami FL 33189

C0067984

2. Principal Place of Business

9910 Dominican DR

3. Mailing Address

9910 Dominican DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

33189

Country

USA

Zip

33189

Country

USA

4. FEI Number

650611634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Meera KHAN
 President
 20601 Marlen Rd miami 33189

☐ Delete

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)