

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90050 018 \*\*\*150.00

**DOCUMENT # P97000017151**

1. Entity Name  
**JAY R. TOME, P.A.**

**Principal Place of Business**

**2701 PONCE DE LEON BLVD  
 MEZZANINE LEVEL  
 CORAL GABLES FL 33134**

**Mailing Address**

**2701 PONCE DE LEON BLVD  
 MEZZANINE LEVEL  
 CORAL GABLES FL 33134**

2. Principal Place of Business

**8300 NW 53 STREET**

Suite, Apt. #, etc.  
**Suite 300**

City & State  
**Miami, FL**

Zip  
**33166**

Country  
**USA**

3. Mailing Address

**8300 NW 53 STREET**

Suite, Apt. #, etc.  
**Suite 300**

City & State  
**Miami, FL**

Zip  
**33166**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0730298**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TOME, JAY R ESQ.  
 2701 PONCE DE LEON BLVD  
 MEZZANINE LEVEL  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name  
**Jay R. Tome, Esq**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8300 NW 53 STREET**  
**Suite 300**  
 City  
**Miami** **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 Jay R. Tome Jay R. Tome, President 1/11/02  
 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, 2002 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	<b>D</b> <b>TOME, JAY R ESQ.</b> <b>2701 PONCE DE LEON BLVD, MEZZ. LEVEL</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR, President</b> <b>Jay R. Tome, Esq.</b> <b>8300 NW 53 STREET</b> <b>Suite 300</b> <b>Miami, FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jay R. Tome Jay R. Tome 1/11/02 (305) 639-2400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004 (9/01)