

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036969

1. Entity Name
TOMRO, INC.

Principal Place of Business Mailing Address
1925 BRICKELL AVENUE, SUITE D206 1925 BRICKELL AVENUE, SUITE D206
MIAMI FL 33129 MIAMI FL 33129

2. Principal Place of Business 3. Mailing Address
16793 SW 147 AVE 16793 SW 147 AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Miami
Zip 33187 Zip 33187 Country Country

4. FEI Number **APPLIED FOR** ☒ Applied For
65-0914560 ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BESU, ROGER
1925 BRICKELL AVENUE, SUITE D206
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name **TOMAS HIM**
Street Address (P.O. Box Number is Not Acceptable)
16793 SW 147 AVE
City **Miami** FL Zip Code **33187**

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]* DATE **4-22-01**
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOMAS, HIM	
STREET ADDRESS	16793 S. W 147 AVE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* Date **4-22-01** Daytime Phone # **305 854 6363**

4/

FILED
May 19, 2001 8:00 am
Secretary of State

04-27-2001 90363 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)