

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036969

1. Entity Name
TOMRO, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 21 PM 12:55

Principal Place of Business
16793 SW 147 AVE
MIAMI FL 33187

Mailing Address
16793 SW 147 AVE
MIAMI FL 33187

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0914560

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMAS, HIM
16793 SW 147 AVENUE
MIAMI FL 33187

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS TOMAS, HIM
CITY-ST-ZIP 16793 S. W 147 AVE
MIAMI FL 33187 ☐ Delete

TITLE
NAME
STREET ADDRESS 900023674169 ☐ Change ☐ Addition
CITY-ST-ZIP 10/09/03--01074--014 **550.00

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 900023674169 ☐ Change ☐ Addition
CITY-ST-ZIP 10/21/03--01083--005 **200.00

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

Daytime Phone #

CR2E034 (4/03)

0066318 AV