

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043791

1. Entity Name
EDWARD R. TOMASINI, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90175 042 ***150.00

Principal Place of Business

Mailing Address

~~3170 NW 94TH WAY~~
~~SUNRISE FL 33351~~

~~3170 NW 94TH WAY~~
~~SUNRISE FL 33351~~

2. Principal Place of Business

3. Mailing Address

1890 SW 59 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL.

Zip

Country

33317

Country

4. FEI Number 65-0919826

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

TOMASINI, EDWARD R
3170 NW 94TH WAY
SUNRISE FL 33351

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 P
NAME TOMASINI, EDWARD R
STREET ADDRESS 3170 NW 94 WAY
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE
NAME 1890 SW 59 AVE. ☒ Change ☐ Addition
STREET ADDRESS PLANTATION, FL. 33317
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)