2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V36541 1. Entity Name THOMRUH, INC.					FILED Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90136 032 ***150.00			
Principal Place of Business 222 LAKEVIEW AVENUE SUITE 800 W PALM BEACH FL 33401 US		Mailing Address 222 LAKEVIEW AVENUE SUITE 800 W PALM BEACH FL 33401 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4</b> . F	El Number 65-0467615		pplied For	
Zip	Country	Zip	Country	<b>5.</b> C		88.75 Ac	ditional	
	6. Name and Address of Current I	Registered Agent		7. N	ame and Address of New Registered A			
UNRUH, HUGO P			Name.					
	LAKEVIEW AVE TE 800		Street Addre	BC	ox Number is Not Acceptable)		<u>.</u>	
	ALM BEACH FL 33401		City			Zin Cor		
<ol> <li>The above named entity submits this statement for the purpose of changing</li> </ol>							ip Code	
-	requirement and elects to do so.	Make Check Paya	001 Fee will be \$550.0 ble to Department of 12.	State	10. Election Campaign Financing Trust Fund Contribution.	Ádde	00 May Be d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNRUH, HUGO P 222 LAKEVIEW AVE SUITE 800 WEST PALM BCH. FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADL		Change	Addition	
TTLE IAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, NORMAN 105 S. NARCISSUS AVE. STE. 60 WEST PALM BCH. FL 33401	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition	
itle Ame Treet address Ity-st-zip	S UNRUH, PATRICIA 222 LAKEVIEW AVE SUITE 800 WEST PALM BCH FL 33401	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		، ما يېچې په کېږي مانې کې	Change	Addition	
ITLE Ame Treet address ITY-ST-ZIP	T Silva-Thomas, Susan 105 S. Narcissus ave. Ste. 60 West Palm Bch. Fl 33401	□ Delete 0 <b>2</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗌 Change	Addition	
itle IAME Itreet address Ity-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
		Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP			🗌 Change	Addition	
STREET ADDRESS CITY-ST-ZIP 13. I hereby c indicated of the corr	on this report or supplemental report is t	true and accurate and that wered to execute this report	STREET ADDRESS CITY-ST-ZIP or the exemption stated in my signature shall have t t as required by Chapter	he same le	19.07(3)(i), Florida Statutes. I further certif gal effect as if made under oath; that I an a Statutes; and that my name appears in	n an office Block 11 o	r or director	