

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90028 047 ***150.00

U1404330

DOCUMENT # V67724

1. Entity Name

T.M. OF AMERICA INC.

Principal Place of Business

Mailing Address

**40 SW 13TH ST.
 SUITE 1
 MIAMI FL 33130**

**40 SW 13TH ST.
 SUITE 1
 MIAMI FL 33130**

2. Principal Place of Business

3. Mailing Address

2828 CORALWAY

2828 CORALWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

450

450

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33145

33145

4. FEI Number

65-0363609

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

**ALONSO-PERRINO, LUISA
 1541 BRICKELL AVE. APT. #C2206
 MIAMI FL 33129**

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 | VS | <input type="checkbox"/> Delete |
| NAME | PERRINO, PEDRO | |
| STREET ADDRESS | 40 SW 13TH ST., STE #1 | |
| CITY-ST-ZIP | MIAMI FL 33130 | |
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | ALONSO-PERRINO LUISA | |
| STREET ADDRESS | 40 SW 13TH ST., STE #1 | |
| CITY-ST-ZIP | MIAMI FL 33130 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

Pedro Perrino
PEDRO PERRINO

1/16/2001

(305) 442-1090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)