## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2002 8:00 am § Secretary of State **DOCUMENT #** H54292 1. Entity Name 05-17-2002 90002 044 \*\*\*150.00 TOSTI'S, INC. Principal Place of Business Mailing Address 726 OCEAN DUNES CIR. 726 OCEAN DUNES CIRCLE 428108 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2533951 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOSTI, JOANNE HIDALGO Street Address (P.O. Box Number is Not Acceptable) 726 OCEAN DUNES CIRCLE JIPITER FL 33477 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME TOSTI, JOANNE HIDALGO NAME STREET ADDRESS **726 OCEAN DUNES CIRCLE** STREET ADDRESS CITY-ST-ZIP JUPITER FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TOSTI, GIACOMO NAME STREET ADDRESS 726 OCEAN DUNES CIRCLE STREET ADDRESS CITY-ST-ZIE JUPITER FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME TOSTI, JOANNE HIDALGO NAME STREET ADDRESS 726 OCEAN DUNES CIRCLE STREET ADDRESS CITY-ST-ZIF JUPITER FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

CR2E034 (9/01)