


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90834 027 \*\*\*150.00

**DOCUMENT #** P01000007225

**1. Entity Name**  
HERBONI, CORP.



**Principal Place of Business**  
801 N. CONGRESS AVE.  
BOYNTON BEACH FL 33426  
US

**Mailing Address**  
2710 ~~POINTE CIR~~  
WEST PALM BEACH FL 33413

**2. Principal Place of Business**  
801 N CONGRESS AVE  
Suite, Apt. #, etc.  
#521  
City & State  
BOYNTON BEACH FL  
Zip  
33426  
Country

**3. Mailing Address**  
Same as #2  
Suite, Apt. #, etc.  
City & State  
City  
Zip  
Country



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 65-1073040 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
GREENBERG, HERBERT J  
2710 POINTE CIR  
WEST PALM BEACH FL 33413

**7. Name and Address of New Registered Agent**  
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** *Herbert J. Greenberg* HERBERT J. GREENBERG 1-30-03  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GREENBERG, BONITA R 2710 POINTE CIR WEST PALM BEACH FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GREENBERG, HERBERT J 2710 POINTE CIR WEST PALM BEACH FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**2. 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:** *Herbert J. Greenberg* HERBERT J. GREENBERG 1-30-03 561.742.2490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)