

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90184 031 \*\*\*150.00  
09-03-2003 90020 036 \*\*\*150.00

0070763 AV

**DOCUMENT # P02000022061**

1. Entity Name  
**RAPHAEL @ TOLEDANO INC.**



Principal Place of Business  
**3760 SW 51ST STREET  
FT. LAUDERDALE FL 33312**

Mailing Address  
**3760 SW 51ST STREET  
FT. LAUDERDALE FL 33312**

**JUL 10 2003**



2. Principal Place of Business  
**4101 PINE TREE DRIVE**

Suite, Apt. #, etc.  
**APT # 1521**

3. Mailing Address  
**4101 PINE TREE DRIVE**

Suite, Apt. #, etc.  
**APT # 1521**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI BEACH FL**

Zip  
**33140**

Country

City & State  
**MIAMI BEACH FL**

Zip

**33140**

Country

4. FEI Number  
**75-3011001**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TOLEDANO, MORDECHAI  
3760 SW 51ST STREET  
FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name  
**TOLEDANO, MORDECHAI**

Street Address (P.O. Box Number is Not Acceptable)

**4101 PINE TREE DRIVE APT # 1521**

City  
**MIAMI BEACH**

FL

Zip Code  
**33140**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**TOLEDANO, MORDECHAI**

**8/26/03**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TOLEDANO, MORDECHAI  
3760 SW 51ST STREET  
FT. LAUDERDALE FL 33312** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TOLEDANO, MORDECHAI  
4101 PINE TREE DR # 1521  
MIAMI BEACH, FL 33140** ☐ Change ☐ Addition

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

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

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

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

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

12. 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/26/03**

CR2E034 (4/03)



*Attachment*  
**HOFFMAN, LEVY, BENGIO & COHEN, PL**  
*Certified Public Accountants and Consultants*

2525 N. STATE ROAD 7 • SUITE 115  
HOLLYWOOD, FL 33021  
TEL: (954) 966-1141 • FAX: (954) 966-2474

90153765  
#7020000220061

August 27, 2003

Department of state  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Raphael @ Toledano Inc.

Dear sir or Madam:

I ask that the penalty for failure to file an annual report be waived. The taxpayer never received the renewal form. We discovered the dissolution when the taxpayer received this notice that the corporation will be administratively dissolved. The penalty will create a hardship for the business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2003.

Thank you very much for your help and understanding.

Sincerely,

  
Steven Z. Levy