

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0138930 AV

DOCUMENT # P02000029118

1. Entity Name
TOL INVESTMENTS, INC.



FILED
03 DEC 17 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1025 E HALLANDALE BEACH BLVD #16
HALLANDALE FL 33009

Mailing Address
1025 E HALLANDALE BEACH BLVD #16
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOL, DANIELLA
1025 E HALLANDALE BEACH BLVD #16
HALLANDALE FL 33009

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

(NOTE: Registered Agent signature required when reinstating)

REINSTATEMENT

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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME TOL, DANIELLA
STREET ADDRESS 1025 E HALLANDALE BEACH BLVD #16
CITY-ST-ZIP HALLANDALE FL 33009

☐ Change ☐ Addition
900023619149
10/07/03--01054--022 **150.00
~~12/08/03--01076--013 **600.00~~

TITLE V ☐ Delete
NAME TOL, FLORIN
STREET ADDRESS 1025 E HALLANDALE BEACH BLVD #16
CITY-ST-ZIP HALLANDALE FL 33009

☐ Change ☐ Addition
900023619149
12/08/03--01076--013 **600.00

TITLE T ☐ Delete
NAME GHIZDAVU, MARIANA
STREET ADDRESS 1025 E HALLANDALE BEACH BLVD #16
CITY-ST-ZIP HALLANDALE FL 33009

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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: *Daniella Se*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)