## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0200

P02000098157

Entity Name
TONI, INC.



Principal Place of Business Mailing Address 44016117 7050 WEST PALMETTO PARK ROAD 7050 WEST PALMETTO PARK ROAD SUITE 23 SUITE 23 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FE! Number Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT LONGO. WEISS, KRAIG 3-Street Address (P.O. Box Number is Not Acceptable) 100 NW-70TH-AVENUE FIRST FLOOR PLANTATION FL 33317 RAZON 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 registeres SIGNATURE (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

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

FILED

Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90138 036 \*\*\*150.00

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition D Delete TITLE TITLE GRECCO, MARIA NAME NAME 7090 WEST PALMETTO PARK ROAD, STE. 23 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MANDATO, CHRISTINE STREET ADDRESS STREET ADDRESS 7050 WEST PALMETTO PARK ROAD, STE. 23 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33433 ☐ Addition Change STD ☐ Delete TITLE NAME LONGO, ROBERT NAME STREET ADDRESS STREET ADDRESS 7050 WEST PALMETTO PARK ROAD, STE. 23 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trusted 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 one like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)