

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90087 021 ***150.00

DOCUMENT # P99000024448

1. Entity Name

BIG BOYZ TOYS CUSTOM AUTO ACCESSORIES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

13180 NORTH CLEVELAND AVENUE
 NORTH FT. MYERS FL 33903

13180 NORTH CLEVELAND AVENUE
 NORTH FT. MYERS FL 33903-6200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0947539

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVEIRA, AUGUSTA
 439 NORTH VIEW STREET
 PORT CHARLOTTE FL 33954

Name

ELIZABETH VELAZQUEZ SOSA

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

2373 North Central AVE

City

Kissimmee

FL

Zip Code

3474

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]

ELIZABETH V. SOSA - Director & VP Sales & Operations 4-24-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	CEO + President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogelio Almeyda
STREET ADDRESS	1304 S.E. 30th Terrace
CITY-ST-ZIP	Cape Coral, FL. 33904
TITLE	Chairman of the Board of Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogelio Almeyda
STREET ADDRESS	1304 S.E. 30th Terrace
CITY-ST-ZIP	Cape Coral, FL. 33904
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Almeyda
STREET ADDRESS	1304 S.E. 30th Terrace
CITY-ST-ZIP	Cape Coral, FL. 33904
TITLE	Vice President Sales + Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH VELAZQUEZ SOSA
STREET ADDRESS	2373 U. Central AVE
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH VELAZQUEZ SOSA
STREET ADDRESS	2373 U. Central AVE
CITY-ST-ZIP	KISSIMMEE, FL. 34741
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEO, President

Date

4-24-2000

Daytime Phone #

941-945-0101

CR2E034 (9/99)