

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90047 035 \*\*\*150.00

**DOCUMENT # P99000038780**

1. Entity Name  
**LIL' STUF TOYS, INC.**

Principal Place of Business 1225 CORTEZ STREET MIAMI FL 33134	Mailing Address 1225 CORTEZ STREET MIAMI FL 33134-2758
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>156 ALMERIA</b>	3. Mailing Address <b>156 ALMERIA AVE</b>
Suite, Apt. #, etc. <b>SUITE 205</b>	Suite, Apt. #, etc. <b>SUITE 205</b>
City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>

4. FEI Number **65-0918487** Applied For  
 Not Applicable

Zip <b>33134</b> Country	Zip <b>33134</b> Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>GONZALEZ, PEDRO A THE COLONNADE, SUITE 710 2333 PONCE DE LEON BLVD. CORAL GABLES FL 33134</b>	7. Name and Address of New Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	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.

SIGNATURE \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> may be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PIETRZAK, KERRY</b> <b>1225 CORTEZ STREET</b> <b>MIAMI FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>VENEGAS, RICARDO</b> <b>1881 WASHINGTON AVE #11A</b> <b>MIAMI BEACH FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Kerry Pietrzak** SIGNATURE REQUIRED **4/17/00** (305) 446-7647  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #