

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91204 034 ***150.00

DOCUMENT # **PO1 0000 78780** ✓
1. Entity Name
Duraplay, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19380 Collins Ave.
Suite, Apt. #, etc.
#1220
City & State
Sunny Isles Beach
Zip
33160 Country
USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

80124367

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1152358 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Cohen, Stephan L. Esq.
Street Address (P.O. Box Number is Not Applicable)
20801 BISCAYNE BLVD., STE. 400
City
AVENTURA, FL Zip Code
33180

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

(If UBR Registered Agent signature required when re-registering)

DATE

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

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fee**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Misty Buch 19380 Collins Ave. #1220 Sunny Isles Beach, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Darren J. Toomey 19380 Collins Ave. #1220 Sunny Isles Beach, FL 33160
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

5-30-02 (305) 931 4431

CR25034B (12-01)