

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F28913**1. Entity Name
FOXY PRODUCTS, INC.

Principal Place of Business 1850 W MCNAB RD FT LAUDERDALE FL 333091012	Mailing Address 1850 W MCNAB RD FT LAUDERDALE FL 333091012
---	---

2. Principal Place of Business 1850 W MCNAB RD Suite, Apt. #, etc.	3. Mailing Address 1850 W MCNAB RD Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL
Zip 33309	Country

4. FEI Number 59-2101721	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**FEROLA, FRANK F.
1850 W. MCNAB ROADFT LAUDERDALE FL
33309 US**7. Name and Address of New Registered Agent**

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.

SIGNATURE _____ DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DT <input type="checkbox"/> Delete
NAME	D T.M.
STREET ADDRESS	1850 MCNAB RD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	DS <input type="checkbox"/> Delete
NAME	SPEIGEL DAVID
STREET ADDRESS	1850 W. MCNAB RD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	LAZAR SAM
STREET ADDRESS	1850 W MCNAB RD
CITY-ST-ZIP	FT LAUDERDALE FL
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMBROSIO THOMAS
STREET ADDRESS	1850 WEST MCNAB RD.
CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL DAVID
STREET ADDRESS	1850 W. MCNAB RD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: David Spiegel

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)