2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2001 8:00 am Secretary of State

DOCUMENT # F32098

1. Entity Name

TOOJAY'S PALM BEACH, INC.

Principal Pla	ace of Business									
313 ROYAL P PALM BEACH US	OINCIANA WAY FL 33480	3654 GEORGIA AVENUE WEST. PALM BEACH FL 33405 US				20008279 3761				
Principal Place of Business 3. Mailing Address				· - 1/2 · ·						
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State			4. FEI Number 59-2081908 Applied For				
Zip Country		Zip .	Zip . Coun		5. Ce			Not Applicable 8.75 Additional ee Required		
	6. Name and Address of Curre	ant Registered Agent	Pagistared Agent		7. Name and Address of New Registered Agent					
	5. Name and Address of Curre	em Registered Agent		Name	7. 140	ine and Address of New No	giotorou 21g			l
BROWN, JAY A.				Street Address (P.O. Box Number is Not Acceptable)						
	54 GEORGIA AVENUE IST PALM BEACH FL 33405								<u>.</u>	
1				City			FL	Zip Cod	<u></u>	
8. The above	ve named entity submits this statemen	it for the purpose of changi	ing its register	ed office or regis	stered ager	nt, or both, in the State of Flor	ida.			
SIGNATURE	Signature, typed or printed name of registered as	pent and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when rein	stating)	DATE			
Tax filing	poration is eligible to satisfy its Intang g requirement and elects to do so. teria on back)	ible FILE N	EU E MONUM EEE 10 0450 00							
11.	OFFICERS A	ND DIRECTORS	12.		1	ITIONS/CHANGES TO OFFIC	CERS AND D	IRECTOR	S IN 11	ا ا
TITLE	V	Delete			·			Change	☐ Addition	0/00
NAME STREET ADDRES	000 / 0.20110			EET ADDRESS '-ST-ZIP						CB2E034 (10/00)
CITY-ST-ZIP TITLE	PTD WEST PALM BEACH FL 3340	Detete	; TITL	E			[Change	Addition	CR2
NAME STREET ADDRES	BROWN, JAY A S 3654 GEORGIA AVENUE			EET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL			'-ST-ZIP				Change	Addition	
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13. I hereby certify that the information supplied with this filling 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 other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

D. KORENBAUM

05-02-2001 90191 021 ***150.00

☐ Change

☐ Addition