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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 28, 2001 8:00 am **DOCUMENT # H80079 Secretary of State** BIG BOYS TOYS, INC. 03-28-2001 90073 023 \*\*\*150.00 Principal Place of Business Mailing Address 8083 NW 103 ST PO BOX 22577 HILEAH GARDENS FL 33016 HIALEAH FL 33002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0240459 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNN, LOWELL S Street Address (P.O. Box Number is Not Acceptable) **紀83 -8300-NW 103RD STREET** HIALEAH GARDENS FL 33016 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00 Change Addition TITLE ☐ Delete TITLE MAXWELL, ROBERT G NAME NAME 135 WESTWARD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change DUNN, LOWELL S NAME NAME 8083 NW 103RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL CITY-ST-ZIP سيءُ TITLE ☐ Delete -TITLE ☐ Change — ☐ Addition= NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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: 9

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOWEUS. DUNN 3

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