

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50628

1. Entity Name

FLORIDA TOYS AND GIFT, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90005 003 ***150.00

Principal Place of Business

Mailing Address

C/O CARMEN OLGA MORENO
 9808 NW 80 AVE BAY 10-0
 HIALEAH GARDEN FL 33016

C/O CARMEN OLGA MORENO
 9808 NW 80 AVE BAY 10-0
 HIALEAH GARDEN FL 33016-2334

00001230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7341 N.W. 56 ST.

3. Mailing Address

7341 N.W. 56 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0193450

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORENO, CARMEN O
 2331 W 69 ST., #2
 HIALEAH FL 33016

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JANUARY 7/2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS Delete
 NAME MORENO, CARMEN OLGA
 STREET ADDRESS 2331 W 69TH ST #2
 CITY-ST-ZIP HIALEAH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME PEREZ, GERMINAL A
 STREET ADDRESS 2331 W 69 ST #2
 CITY-ST-ZIP HIALEAH FL 33016

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] GERMINAL A. PEREZ

Date

1/7/2000

Daytime Phone #

305-888-2186

CR2E034 (9/99)