

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65237

1. Entity Name

TOASTER LAND CORPORATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90184 023 ***150.00

Principal Place of Business

12700 BISC BLVD
401
N MIAMI FL 33181
US

Mailing Address

12700 BISCAYNE BLVD
401
N MIAMI FL 33181-2024
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0625943

Applied For

Not Applicable

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

KEYS, CAROL F
12700 BISCAYNE BLVD.
SUITE 203
N. MIAMI FL 33181

Name

KEYS, CAROL F

Street Address (P.O. Box Number is Not Acceptable)

12700 BISCAYNE BLVD.

SUITE 401

City

NORTH MIAMI

FL

Zip Code
33181

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)

DATE

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 ☐ Delete
NAME D
STREET ADDRESS SANTOS, PAUL
CITY-ST-ZIP 420 NE 154 ST
MIAMI FL 33162

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS KEYS CAROL F
CITY-ST-ZIP 12700 BISCAYNE BLVD #203
N MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12700 BISCAYNE BLVD., STE. 401
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS SANTOS, JOSE
CITY-ST-ZIP 11 CLIFFORD DRIVE
W HARTFORD CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 1999
Date

305-891-1600
Daytime Phone #

CR2E034 (9/99)