## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2002 8:00 am \$ Secretary of State > M07947 DOCUMENT # 1. Entity Name TOY'S PLACE, INC. Principal Place of Business Mailing Address 6970 BAY DRIVE. EAST 6970 BAY DRIVE, EAST MIAMI FL 33141 MIAMI FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2483480 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHATZ, TOIBE Street Address (P.O. Box Number is Not Acceptable) 1825 BIARRITZ DR. MIAMI BEACH FL 33141 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 DATE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. TITLE ☐ Delete TITLE Change Addition SCHATZ, TAIBE NAME NAME 1825 BIARRITZ DR. STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change 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 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 an address, with a changed, or on an attachment w

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SIGNATURES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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