

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M45223**

1. Entity Name

**MIAMI ANTIQUE TOY, DOLL & COLLECTABLES SHOW, INC****FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90043 049 \*\*\*150.00

Principal Place of Business

**4649 PONCE DE LEON BLVD.  
SUITE 401  
CORAL GABLES FL 33146**

Mailing Address

**4649 PONCE DE LEON BLVD.  
SUITE 401  
CORAL GABLES FL 33146-2121**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2799033**

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

**GRABOSKI, TOM  
4649 PONCE DE LEON BLVD.  
SUITE 401  
CORAL GABLES FL 33146**

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, 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 GRABOSKI, TOM**  
STREET ADDRESS **4649 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL 33146**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D FULLER, STEVE**  
STREET ADDRESS **4649 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL 33146**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
m45003

915702

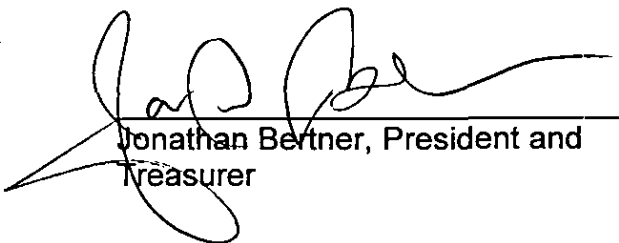
AMENDMENT # 1 TO THE ARTICLES OF INCORPORATION  
OF  
JONDAN, INC.

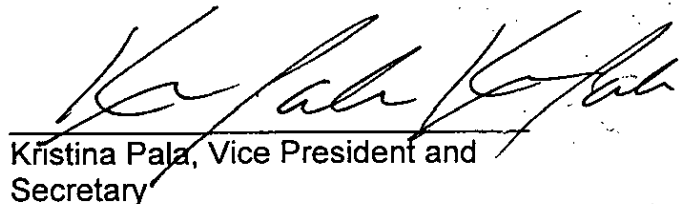
We, the undersigned, being all of the Officers, Directors and Shareholders of the above named Corporation do hereby amend the Articles of Incorporation of said corporation as follows. Said Amendments were duly raised and unanimously passed at a duly held meeting of the Corporation.

1. Article VI is hereby amended To reflect that:

There shall be no Board of Directors, the affairs of the Corporation shall be managed by the Shareholders. Wheresoever, in the Articles of Incorporation and/or By-Laws the terms "Board of Director(s)" or "Director(s)" is used, the term "shareholder(s)" shall be henceforth inserted.

<sup>30</sup>  
~~22~~ 30 IN WITNESS WHEREOF, I/We have hereunto set our hand(s) and seal(s) this day of January, 2000.

  
Jonathan Bertner, President and Treasurer

  
Kristina Pala, Vice President and Secretary

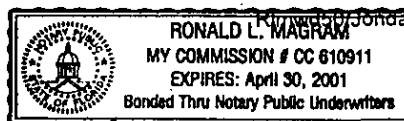
STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the County and State aforesaid, To take acknowledgments, personally appeared **Jonathan Bertner & Kristina Pala**, the President/Treasurer and Vice President/Secretary respectively, To me personally known to be the person(s) described in and who executed the foregoing instrument and acknowledged before me, under oath, that they executed the same for the purposes therein stated.

WITNESS my hand and official seal, in the County and State aforesaid this 22 day of January, 2000.

My Commission Expires:

  
Notary Public, State of Florida at Large



Amended JondanartInc/am1