

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P00000043781

**1. Entity Name**  
212 PLAY, INC.

**Principal Place of Business**                      **Mailing Address**

**2. Principal Place of Business**                      **3. Mailing Address**  
2276 N.W. 82nd Ave.                      2276 N.W. 82nd Ave.  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.

**City & State**                      **City & State**  
Miami, FL                      Miami, FL

**Zip**                      **Country**                      **Zip**                      **Country**  
33122                      USA                      33122                      USA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC -3 PM 5:26

DO NOT WRITE IN THIS SPACE

**4. FEI Number**                      **Applied For**  
65-1004406                       Not Applicable

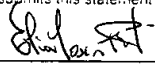
**5. Certificate of Status Desired**                       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**                      **7. Name and Address of New Registered Agent**

MOSCATEL, ELIAS  
2750 N.E. 183rd ST. Apt. 2209  
NORTH MIAMI, FL. 33160

**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**  **ELIAS MOSCATEL**                      **9/20/01**

Signature of registered agent or representative of registered agent, if applicable. (NOTE: Registered Agent's signature required when resigning.)                      DATE

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.**                       **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back.)                      **After MAY 1, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	P MOSCATEL, RAFAEL 2750 N.E. 183rd ST. #2209 N. Miami, FL. 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300004719519-4 -12/11/01--01080--012 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MOSCATEL, ELIAS 2750 N.E. 183rd ST. #2209 N. Miami, FL. 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T MOSCATEL, DAVID 2750 N.E. 183rd ST. #2209 N. Miami, FL. 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:**  **ELIAS MOSCATEL**                      **(305)406-1669**                      **9/20/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Lifetime Phone #

CR2E034 (11/00)