

CAPITAL CONNECTION

850 222 1222

12/10 '01 15:44 NO.547 02/02

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P000000043781
1. Entity Name
212 Play, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 2236 NW 820V.
3. Mailing Address 2236 NW 820V.
Suits, Apt. #, etc. Miami FL 33122. Suits, Apt. #, etc. Miami FL 33122.

City & State City & State
Zip 33122 Country USA Zip 33122 Country USA.

4. FEI Number 65-1004406 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

FILED
01 DEC 12 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent
Elias Moscatel
8750 NE 183rd St. Suite 2009
N. Miami Beach, FL 33160

7. Name and Address of New Registered Agent
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* DATE 12/10/01
(NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. FILE MONTHLY FEE IS \$150.00
10. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROFUEL MOSCATEL 2750 N.E. 183 ST. W. MIAMI, FL. 33160	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PRESIDENT ROFUEL MOSCATEL 19250 NE 29 ST MIAMI, FL. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT ELIAS MOSCATEL 2750 N.E. 183 ST. DR. MIAMI, FL 33160	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VICE-PRESIDENT ELIAS MOSCATEL 19484 E. CANNON CJS. DR. MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVID MOSCATEL 2750 N.E. 183 ST. MIAMI, FL 33160	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			800004740548-7 -12/27/01-01017-010 \$150.00 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			1/1/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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 19.07(3)(a), 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, the empowered.

SIGNATURE: *Elias Moscatel* DATE 12/10/01 305. 406. 1689
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #