

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90030 032 ***150.00

0006652 AT

DOCUMENT # P00000043781

1. Entity Name
212 PLAY, INC.

Principal Place of Business **Mailing Address**
2276 N.W. 82ND AVE **2276 N.W. 82ND AVE**
MIAMI FL 33122 **MIAMI FL 33122**

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 **65-1004406** **Applied For**
 Not Applicable.

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

6. Name and Address of Current Registered Agent

~~MOSCATEL, ELIAS~~
~~2750 N.E. 183RD. ST., #2209~~
~~NORTH MIAMI BEACH FL 33160~~

7. Name and Address of New Registered Agent

Name **MOSCATEL ELIAS**
 Street Address (P.O. Box Number is Not Acceptable)
20805 NE 30 PLACE
 City **AVENTURA** FL Zip Code **33180**

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* **Elias Moscatel** **02/07/02**
 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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MOSCATEL, RAFAEL	
STREET ADDRESS	19250 N.E. 29TH COURT	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOSCATEL, ELIAS	
STREET ADDRESS	19484 E. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MOSCATEL, DAVID	
STREET ADDRESS	2750 N.E. 183RD. ST., 2209	
CITY-ST-ZIP	N. MIAMI FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	ZIP-33029.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20805 NE 30 PLACE	
STREET ADDRESS	AVENTURA, FL 33180.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19250 N.E. 29TH COURT	
STREET ADDRESS	MIRAMAR FL 33029.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elias Moscatel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/02. **205.406.16.69.**
 Date Daytime Phone #

CR2E034 (9/01)