

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1004406		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable.	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MOSCATEL, ELIAS 2750 N.E. 183RD. ST., #2209 NORTH MIAMI BEACH FL 33160				Name MOSCOGA ELIAS			
				Street Address (P.O. Box Number is Not Acceptable)			
				20805 NE 30 PLACE			
				City AVENTURA		FL	

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. **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSCATEL, RAFAEL		NAME		
STREET ADDRESS	19250 N.E. 29TH COURT		STREET ADDRESS	ZIP-33029	
CITY-ST-ZIP	MIRAMAR FL		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCATEL, ELIAS		NAME	20805 NE 30 PLACE	
STREET ADDRESS	19484 E. COUNTRY CLUB DRIVE		STREET ADDRESS	AVENTURA, FL 33180	
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCATEL, DAVID		NAME	19250 N.E. 29TH COURT	
STREET ADDRESS	2750 N.E. 183RD. ST., 2209		STREET ADDRESS	MIRAMAR FL 33029	
CITY-ST-ZIP	N. MIAMI FL 33160		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 **02/07/02** **305.406.1669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)