## FOR PROFIT CORPORATION

FILED May 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** 7000000 437 81 DOCUMENT # 3 05-27-2003 90178 030 \*\*\*150.00 1. Entity Name 21,2 Play, loc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address ろら NW 2246 2246 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 44061 00 Mion MOTH Not Applicable Zip 33122 Country Country \$8.75 Additional 5. Certificate of Status Desired USD USO Fee Required 7. Name and Address of Current Registered Agent Name ELIAS とっていると DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 20805 NE City BUENTURO 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. 05/20 103 SIGNATURE A Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01 HESCOTESCOFOEL Ð TITLE NAME 29 CT 19250 STREET ADDRESS STREET ADDRESS Hindrom FL 33029 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE HOSCOTEL ELICAS  $(\lor)$ NAME NAME: 20005 STREET ADDRESS STREET ADDRESS 33180 CITY-ST-ZIF とのとってる CITY-ST-ZIP **の**らひ/*0* TITLE HOSCOTEL SYT NAME 29 CT 500 19250 STREET ADDRESS STREET ADDRESS DO NOT WRITE Hiromon 33 029 CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -NAME.

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address. With all other like suppowered.

STREET ADDRESS

STREET ADDRESS

CITY - ST- ZIP.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

City-St-ZIP

CITY-ST-ZIP

TITLE

NAME

305 - 406, 16.691

05/20/03.

Daytime Phone #



## Florida Profit

212 PLAY, INC.

PRINCIPAL ADDRESS 2276 N.W. 82ND AVE **MIAMI FL 33122** Changed 12/03/2001

MAILING ADDRESS 2276 N.W. 82ND AVE **MIAMI FL 33122** Changed 12/03/2001

**Document Number** 

**FEI Number** 651004406.

**Date Filed** 05/01/2000

Status ACTIVE : **Effective Date** NONE

Registered Agent

## Name & Address

MOSCATEL, ELIAS 20805 NE 30 PLACE AVENTURO FL 33180

Address Changed: 03/24/2002

## Officer/Director Detail

Name & Address	Title
MOSCATEL, RAFAEL 19250 N.E. 29TH COURT	P
HOLLYWOOD FL 33029	
MOSCATEL, ELIAS 20805 NE 30 PLACE	VP
AVENTURA FL 33180	