

# 2001 UNIFORM BUSINESS REPORT (UBR)

31

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90483 012 \*\*\*150.00

DOCUMENT # P00000101184

1. Entity Name

AMERICAN TOY CORPORATION

Principal Place of Business

2699 STIRLING RD.  
STE. B 206  
FT. LAUDERDALE FL 33312

Mailing Address

2699 STIRLING RD.  
STE. B 206  
FT. LAUDERDALE FL 33312

34862



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHARP, LEONARD  
2699 STIRLING RD.  
STE. B 206  
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

RONALD D. SCHAIN

Street Address (P.O. Box Number is Not Acceptable)

2699 STIRLING RD. A-206

City

FT. LAUDERDALE

FL

Zip Code

33312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/11

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, 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

TITLE	D. PRES	<input type="checkbox"/> Delete
NAME	EDWARD C. STREPP	
STREET ADDRESS	2699 STIRLING RD. A-206	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	D. TREAS.	<input type="checkbox"/> Delete
NAME	RONALD D. SCHAIN	
STREET ADDRESS	2699 STIRLING RD. A-206	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
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		
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 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
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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:

RONALD D. SCHAIN

Date

1/24/01

Daytime Phone #

9549620011

CR2034 (10/00)