

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90169 003 \*\*\*150.00

**DOCUMENT # P01000017341**

1. Entity Name  
**KEWL TOYS, INC.**

Principal Place of Business  
**206 N.E. 16TH AVENUE #4**  
**FORT LAUDERDALE FL 33301**

Mailing Address  
**206 N.E. 16TH AVENUE #4**  
**FORT LAUDERDALE FL 33301**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 23822**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FORT LAUDERDALE, FL.**

4. FEI Number

**65-1088871**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33307**

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**URQUIJO, CHRISTIUN**  
**206 N.E. 16TH AVENUE #4**  
**FORT LAUDERDALE FL 33301**

Name  
**KEVIN STRADTNER**

Street Address (P.O. Box Number is Not Acceptable)  
**1239 E LAS OLAS Blvd**

**1**

City **Ft Lauderdale** **FL** Zip Code **33301**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>URQUIJO, CHRISTIUN</b>    |                                 |
| STREET ADDRESS | <b>POST OFFICE BOX 23822</b> |                                 |
| CITY-ST-ZIP    | <b>OAKLAND PARK FL 33307</b> |                                 |
| 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    |                              |                                 |

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>VP</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>URQUIJO, CHRISTIUN</b>    |  |
| STREET ADDRESS | <b>POST OFFICE BOX 23822</b> |  |
| CITY-ST-ZIP    | <b>OAKLAND PARK FL 33307</b> |  |
| TITLE          | <b>PRÉSIDENT</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>KEVIN STRADTNER</b>       |  |
| STREET ADDRESS | <b>POST OFFICE BOX 23822</b> |  |
| CITY-ST-ZIP    | <b>OAKLAND PARK FL 33307</b> |  |
| 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: **Kevin Stradtner** **KEVIN STRADTNER**

**4-23-02**

**954-240-0781**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)