

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90064 041 ***150.00

DOCUMENT # P01000038237

1. Entity Name
TOY'Z, INC.

Principal Place of Business

88 NE 154TH ST
N MIAMI FL 33162

Mailing Address

88 NE 154TH ST
N MIAMI FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5214 NW 17th

City & State

LAuderhill, FL

Zip

Country

33313

Suite, Apt. #, etc.

5214 NW 17th

City & State

LAuderhill, FL

Zip

Country

33313

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1103459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, LUTHER M II
88 NE 154TH ST
N MIAMI FL 33162

7. Name and Address of New Registered Agent

Name

BAILEY, ERROL

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

5214 NW 17th ST

City

LAuderhill

FL

Zip Code

33313

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

ERROL BAILEY D/P

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

(NOTE: Registered Agent signature required when reinstating)

2-27-02

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	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, LUTHER M II	
STREET ADDRESS	88 NE 154TH ST	
CITY-ST-ZIP	N MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, ERROL	
STREET ADDRESS	5214 NW 17TH AVE	
CITY-ST-ZIP	MIAMI FL 33313	
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	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, ERROL	
STREET ADDRESS	5214 NW 17th ST	
CITY-ST-ZIP	LAuderhill FL 33313	
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 215, 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:

SIGNATURE REQUIRED ERROL BAILEY 02-27-02 954-914-0672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)