

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**  
 05-16-2002 90080 013 \*\*\*150.00

**DOCUMENT # P01000072328**

1. Entity Name  
**NATIONAL CANDY & TOY II, INC.**

Principal Place of Business  
**20801 BISCAYNE BLVD., SUITE 505**  
**AVENTURA FL 33180**

Mailing Address  
**20801 BISCAYNE BLVD., SUITE 505**  
**AVENTURA FL 33180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4800 N. FEDERAL HWY.**

3. Mailing Address  
**4800 N. FEDERAL HWY.**

Suite, Apt. #, etc.  
**SUITE D-105**

Suite, Apt. #, etc.  
**SUITE D-105**

City & State  
**Boca RATON, FL**

City & State  
**Boca RATON, FL**

Zip  
**33431**

Country  
**USA**

Zip  
**33431**

Country  
**USA**

4. FEI Number  
**65-1124899**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**PERLOW, JEFFREY M**  
**C/O FROMBERG, PERLOW & KORNIK, P.A.**  
**20801 BISCAYNE BLVD., SUITE 505**  
**AVENTURA FL 33180**

## 7. Name and Address of New Registered Agent

Name **STEVE ISAACS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4800 N. FEDERAL HIGHWAY**  
**SUITE D-105**  
 City **Boca RATON** **FL** Zip Code **33431**

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 **STEVE ISAACS PRESIDENT**

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 **P**  
 NAME **ISAACS, SIMEON**  
 STREET ADDRESS **20801 BISCAYNE BLVD., SUITE 505**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete  
 NAME **4800 N. FEDERAL HWY, SUITE D-105**  
 STREET ADDRESS **Boca RATON, FL 33431**  
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VICE PRESIDENT**  
 STREET ADDRESS **BRAD WEINER**  
 CITY-ST-ZIP **4800 N. FEDERAL HWY, SUITE D-105**  
**Boca RATON, FL 33431**  
☐ Change ☒ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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: **SIGNATURE REQUIRED ISAACS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-8-02 561-391-8172**

Date

Daytime Phone #

CR2E034 (9/01)