FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91204 034 ***150.00

DOCUMENT # P01000078780 ✓

1. Entity name
Duraplay, Inc.

DO NOT WRITE IN THIS SPACE

B0124367

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
19380 Collins Ave.		Same	
Suite, Apt. #, etc. #1220		Suite, Apt. #, etc.	
City & State Sunny Isles Beach		City & State	
Zip 33160	Country USA	Zip	Country

4. FEI Number 65-1152358 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Cohen, Stephan L. Esq.
Street Address (P.O. Box Number is Not Acceptable): 20801 Biscayne Blvd., Ste. 400
City: Aventura, FL Zip Code: 33180

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	Misty Buch	NAME	
STREET ADDRESS	19380 Collins Ave. #1220	STREET ADDRESS	
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Darren J. Toomey	NAME	
STREET ADDRESS	19380 Collins Ave. #1220	STREET ADDRESS	
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

[signature] Misty Buch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-02 Date
(305) 931-4431 Daytime Phone #