

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91096 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000089575

1. Entity Name
PLAY TIME, INC.



Principal Place of Business
725 SW 13TH AVENUE
FORT LAUDERDALE, FL 33312

Mailing Address
703 BELMONT LANE
NORTH LAUDERDALE, FL 33068

2. Principal Place of Business
14705 Balgowan Road
Suite, Apt. #, etc.

Suite 204

City & State
Miami Lakes, Florida

Zip
33016

Country

3. Mailing Address
14705 Balgowan Road
Suite, Apt. #, etc.

Suite 204

City & State
Miami Lakes, Florida

Zip
33016

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1136542

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, JOSEPH B III
133 SEVILLA AVENUE
CORAL GABLES, FL 33134-6005

7. Name and Address of New Registered Agent

Name
Joseph B. Ryan III
Street Address (P.O. Box Number Is Not Acceptable)

2701 S. Bayshore Drive, Suite 402
City **Coconut Grove** FL Zip Code **33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/10/03

FILE NOW: FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REUTERSHAN, PAUL
725 SW 13TH AVENUE
FORT LAUDERDALE, FL 33312

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Teresa Reutershan
14705 Balgowan Rd., Suite 204, Miami Lakes
Florida, 33016

☐ Change ☒ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Teresa Reutershan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 362-9248

Date

Daytime Phone

CR2E034 (10/02)