

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90969 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107962

1. Entity Name

CANDY STORE & CARTOON WORLD CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6822 NW 112TH AVE.

Suite, Apt. #, etc.

3. Mailing Address
6822 NW 112TH AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number 65-1152241

Applied For
Not Applicable

Zip
33178

Country
U.S.A.

Zip
33178

Country
U.S.A.

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

7. Name and Address of Current Registered Agent

Name NELSON J. LUJAN

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

6822 NW 112TH AVE.

City MIAMI

FL Zip Code 33178

DO NOT WRITE IN THIS SPACE

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

NELSON J. LUJAN

04/08/03

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

(NOTE: Registered Agent signature required when renewing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NELSON J. LUJAN - PRESIDENT 6822 NW 112TH AVE. MIAMI, FL. 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/03

Date

(305) 491-9789

Daytime Phone #

CR20346 (12/02)