## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 14, 2002 8:00 am DOCUMENT # P01000114734 **Secretary of State** 1. Entity Name 03-14-2002 90302 002 \*\*\*158.75 ARK TOYS INC. Mailing Address Principal Place of Business 2941 S PONTE VEDRA BLVD 2941 S PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 Principal Place of Business AIA / . Mailing Address 330 AIA NORTH NORTH Suite Apt. #, etc 304 DO NOT WRITE IN THIS SPACE 4. FEI Number 760346 Applied For ty & State VEDRA ONTE Not Applicable \$8.75 Additional 5. Certificate of Status Desired SOHMS JOHN S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HASSAN DERAZI, ASHRAF Address (P.O. Box Number is Not Acceptable) 2941 S PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082 CITY PONTE YEDRA BEACH by submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 🔾. The above named N DERAZI PRESIDENT SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01)☐ Change X Addition TITLE ☐ Delete TITLE HASSAN NAME NAME S. PONTE VEDRA BLVD. DERAZI, ASHRAF CR2E034 STREET ADDRESS STREET ADDRESS 2941 S PONTE VEDRA BLVD VEDRA BEACH CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete- -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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. an address, with all other like empowered