2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P93000008270** 1. Entity Name J.C. TOYS GROUP, INC. 04-30-2001 90121 008 ***150.00 Principal Place of Business Mailing Address 1638 NW 108 ST 1638 NW 108 MIAMI FL 33172 **MIAMI FL 33172** B00 41779 US 2. Principal Place of Business 3. Mailing Address <u>1638 NW 108 AVE</u> <u>1638 NW 108 AVE</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0388275 Not Applicable Miami, Miami Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 331-7-2----=USA ----l-331-72 -USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD CERDA CERDA, JUAN Street Address (P.O. Box Number is Not Acceptable) 15205 S.W. 77TH COURT 1638 NW 108 AVE **MIAMI FL 33157** Miami. 8. The above parties submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 12 SIGNATU (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ■ Addition ☐ Delete TITLE CERDA, JUAN NAME NAME CERDA JUAN STREET ADDRESS STREET ADDRESS 15205 S.W. 77TH COURT 1638 NW 108 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 Miami, FL 33172 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 ke empowered.

SIGNATURE:

SIGNATURE AND TYPED O

RINI ED NAME OF SIGNING OFFICER OR DIRECTOR