

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026739

1. Entity Name
TOTS-TO-TEENS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90038 040 ***150.00

Principal Place of Business
20191 EAST COUNTRY CLUB DRIVE
STE 1908
AVENTURA FL 33180
US

Mailing Address
20191 EAST COUNTRY CLUB DRIVE
STE 1908
AVENTURA FL 33180-3020
US

2. Principal Place of Business
5396 E 81 Street
Suite, Apt. #, etc.
Suite 638
City & State
TULSA Oklahoma
Zip
74137
Country
USA

3. Mailing Address
5396 E. 81 Street
Suite, Apt. #, etc.
Suite 638
City & State
TULSA, Oklahoma
Zip
74137
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0418696
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, LEE
20191 E COUNTRY CLUB DRIVE SUITE 1908
AVENTURA FL 33180

Same agent, new address

7. Name and Address of New Registered Agent

Name Cohen, Lee
Street Address (P.O. Box Number is Not Acceptable)
3901 S. Ocean Drive Suite 14-T
City Hollywood FL Zip Code 33019

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 _____ (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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE PD
NAME GRANT, PENNY
STREET ADDRESS 20191 EAST COUNTRY CLUB DRIVE, #1908
CITY-ST-ZIP AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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 like empowered.

SIGNATURE: SIC Penny Grant Penney Grant 4/20/00 918-493-7304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)