## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** May 01, 2002 8:00 am Secretary of State DOCUMENT # P96000069419 1. Entity Name TOY-TEK AUTO INC. 05-01-2002 91532 036 \*\*\*150.00 Principal Place of Business Mailing Address 1770 NW 38 AVE. 1770 NW 38 AVE. LAUDERHILL FL 33311 LAUDERHILL FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-5867739 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, ERROL L Street Address (P.O. Box Number is Not Acceptable) 1770 NW 38 AVE. LAUDERHILL FL 33311 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PO TITLE ☐ Delete ☐ Change ☐ Addition CR2E034 (9/01 NAME WILLIAMS, ERROL NAME STREET ADDRESS 1770 NW 38TH AVE STREET ADDRESS \_CITY-ST-ZIP LAUDERHILL FL CITY-ST-ZIP **ÀTITLE** ☐ Delete TITLE ☐ Change ☐ Addition NAME WILLIAMS, PAMELA NAME STREET ADDRESS 1770 NW 38TH AVE STREET ADDRESS CITY-ST-ZIP. LAUDERHILL FL. CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE Change ■ Addition 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 or trospec 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.

Daytime Phone #