

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086618

1. Entity Name

TINY TYMES PUBLISHING, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90067 017 ***150.00

| | |
|---|--|
| Principal Place of Business 305 NW 78TH AVE PLANTATION FL-33324 | Mailing Address 305 NW 78TH AVE PLANTATION FL 33324-1961 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 59-3471862 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

SNELGROVE, CHANTAI J
305 NW 78TH AVE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: **MAUER, LORI DUBOWITZ**
 Street Address (P.O. Box Number is Not Acceptable): **8490 S. CORAL CIRCLE**
 City: **N. LAUDERDALE** FL Zip Code: **33068**

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: *Lori Mauer* **LORI MAUER PRESIDENT** DATE: 5/1/00
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 Tax filing requirement and elects to do so.

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 | D <input type="checkbox"/> Delete |
| NAME | SNELGROVE, CHANTAI J |
| STREET ADDRESS | 305 NW 78TH AVE |
| CITY-ST-ZIP | PLANTATION FL 33324 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MAUER, LORI DUBOWITZ |
| STREET ADDRESS | 8490 S CORAL CIRCLE |
| CITY-ST-ZIP | N LAUDERDALE FL 33068 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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: *Lori Dubowitz Mauer* **LORI DUBOWITZ MAUER** DATE: 5/1/00 Daytime Phone #: (954) 720-9413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)