

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90012 001 ***150.00

DOCUMENT # P97000100788

1. Entity Name

TEMTOY ATTRACTIONS, INC.

Principal Place of Business

681 N.E. 125TH ST
N MIAMI FL 33161
US

Mailing Address

11214 PINES BLVD
70
PEMBROKE PINES FL 33026-4101
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0803032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALYGBUSI, OLUWNTYOIN
11214 PINES BLVD., STE. 170
PEMBROKE PINES FL 33026

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOLAKEMI, ALLI	
STREET ADDRESS	8362 PINES BLVD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MICHAEL	
STREET ADDRESS	8362 PINES BLVD, #161	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ALAKIU, KAYODE	
STREET ADDRESS	11214 PINES BLVD, #170	
CITY-ST-ZIP	PEMBOKE PINES FL 33026	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALLI, FOLAKEMI	
STREET ADDRESS	8362 PINES BLVD, #161	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLU ALYGBUSI	
STREET ADDRESS	11214 PINES BLVD, P. PINES FL 33026	
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLAKEMI ALLI	
STREET ADDRESS	11214 PINES BLVD, P. PINES FL 33026	
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY ALAKUI	
STREET ADDRESS	11214 PINES BLVD	
CITY-ST-ZIP	PEMB. PINES FL 33026	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARL E. ALYGBUSI	
STREET ADDRESS	15751 SHERIDAN ST, FT. LAUDERDALE	
CITY-ST-ZIP	FL 33331	
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:

falli FOLAKEMI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/00 (35)899-0081
Date Daytime Phone #

CR2E034 (9/99)