

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P98000070718*

1. Entity Name

Carly's Toys Inc.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90093 019 ***158.75

Principal Place of Business

Mailing Address

*6221 SW 116 PLACE
UNIT 3
MIAMI, FL 33173*

2. Principal Place of Business

3686 WEST 12th AVENUE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HAIALEAH, FLORIDA

City & State

SAME

4. FEI Number

65-0857781

Applied For

Not Applicable

Zip

33012

Country

U.S.A.

Zip

SAME

Country

SAME

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

*AMERILAWYER
343 AMERIA AVENUE
CORAL GABLES, FL 33134 US*

7. Name and Address of New Registered Agent

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

TITLE *P*
NAME *GONZALEZ CARLOS M* ☒ Delete
STREET ADDRESS *6221 SW 116 PL Unit G*
CITY-ST-ZIP *MIAMI, FL 33173*

TITLE *V*
NAME *GONZALEZ JORGE L.* ☒ Delete
STREET ADDRESS *6221 SW 116 PL Unit G*
CITY-ST-ZIP *MIAMI FL 33173*

TITLE *T*
NAME *ESTRADA AQUILINA* ☒ Delete
STREET ADDRESS *6221 SW 116 PL Unit G*
CITY-ST-ZIP *MIAMI FL 33173*

TITLE *SD*
NAME *ESTRADA MONICA J.* ☐ Delete
STREET ADDRESS *6221 SW 116 PL Unit G*
CITY-ST-ZIP *MIAMI FL 33173*

TITLE *M*
NAME *ESTRADA EUGENIO* ☒ Delete
STREET ADDRESS *6221 SW 116 PL Unit G*
CITY-ST-ZIP *MIAMI FL 33173*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *C*
NAME *CARLOS M. GONZALEZ* ☒ Change ☐ Addition
STREET ADDRESS *3686 WEST 12 AVENUE*
CITY-ST-ZIP *HAIALEAH, FL 33012*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE *V*
NAME *AQUILINA ESTRADA* ☒ Change ☐ Addition
STREET ADDRESS *3686 WEST 12th AVENUE*
CITY-ST-ZIP *HAIALEAH, FL 33012*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE *P*
NAME *EUGENIO ESTRADA* ☒ Change ☐ Addition
STREET ADDRESS *3686 WEST 12th AVENUE*
CITY-ST-ZIP *HAIALEAH, FL 33012*

TITLE *M*
NAME *LUCIA ESTRADA* ☐ Change ☒ Addition
STREET ADDRESS *3686 West 12th Avenue*
CITY-ST-ZIP *Hialeah, FL 33012*

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: *XCS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS M. GONZALEZ - C.E.O.

Date

03/18/00

Daytime Phone #

(305) 231-9900