

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007071

1. Entity Name
TUFF TOY COMPANY

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91130 040 ***150.00

Principal Place of Business Mailing Address
6890 N.W. 30TH AVENUE **6890 N.W. 30TH AVENUE**
FORT LAUDERDALE FL 33309 **FORT LAUDERDALE FL 33309**

2. Principal Place of Business 3. Mailing Address
1748 N.E. 49TH ST **1748 N.E. 49TH ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
POMPANO, FLA. **POMPANO, FLA.**
Zip Country Zip Country
33064 **33064**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0928131** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BERGIN, JOHN
6110 NE 7TH AVE
FORT LAUDERDALE FL 33334

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 John R. Bergin DATE April 23, 2001
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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D BERGIN, JOHN 6890 N.W. 30TH AVENUE FORT LAUDERDALE FL 33307	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John R. Bergin DATE April 23, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)