

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009521

1. Entity Name
PLAYMANIA, U.S.A. INC

FILED
Apr 03, 2000 8:00 am
Secretary of State

01-27-2000 90089 004 ***150.00

Principal Place of Business Mailing Address
2751 VILLAGE GREEN DR. 2751 VILLAGE GREEN DR.
MIAMI, FL. 33175 MIAMI, FL. 33175

Principal Place of Business Suite, Apt. #, etc.
City & State Zip Country

4. FEI Number 65-0890930 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~CORONADO, RAMONA~~
~~7360 CORAL WAY~~
~~SUITE 21~~
~~MIAMI, FL. 33155~~

7. Name and Address of New Registered Agent
Name CARLOS LUGO
Street Address (P.O. Box Number is Not Acceptable) 550 MULBERRY LANE
City DAVIE FL Zip Code 33325

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!! FEES \$55000
After MAY 1, 2000 Fee will be \$55000
Make Check Payable to Department of State


10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PTD ESPINOZA, SERGIO A. 2751 VILLAGE GREEN DR. MIAMI, FL. 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VSD GONGORA, SONIA 2751 VILLAGE GREEN DR. MIAMI, FL. 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD ESPINOZA, SERGIO A. 2751 VILLAGE GREEN DR. MIAMI, FL. 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2000 (305) 968-2148
Date Daytime Phone #

CR2E034 (9/99)