

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015303

1. Entity Name
PLAYGROUND MAPS, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90183 043 ***150.00

Principal Place of Business

PLAYGROUND MAPS
419 C ESPANOLA WY.
MIAMI BCH FL 33139

Mailing Address

PLAYGROUND MAPS
419 C ESPANOLA WY.
MIAMI BCH FL 33139

2. Principal Place of Business

Playground Maps

Suite, Apt. #, etc.

777 17th St. Penthouse

3. Mailing Address

Playground Maps

Suite, Apt. #, etc.

777 17th St. Penthouse

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

USA

Zip

33139

Country

USA

6. Name and Address of Current Registered Agent

KRIEGER, MATTHEW EVAN
~~540 BRICKELL KEY DRIVE~~
~~SUITE 1003~~
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

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

777 17th Street Penthouse

City

Miami Beach

FL

Zip Code

33139

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)

4/10/01

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, 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 **P** ☐ Delete
NAME **KRIEGER, MATTHEW**
STREET ADDRESS **419 C ESPANOLA WY**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *777 17th Street Penthouse*
CITY-ST-ZIP *Miami Beach, FL 33139*

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

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

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

DATE

(305) 695-9119

DAYTIME PHONE #

CR2E034 (10/00)

0711170