2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90033 019 ***150.00

DOCUMENT # P99000016505

1. Entity Name
PLAYNATION PLAY SYSTEMS OF MIAMI, INC.

Principal Place of Business	Mailing Address
7680 NW 63RD STREET MIAMI FL 33166	7680 NW 63RD STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9660 NW 77TH AVE	9660 NW 77TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH GARDENS FL	City & State: HIALEAH GARDENS FL
Zip: 33016 Country	Zip: 33016 Country

4. FEI Number 65-0895455 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLENDEN, ALLEN
7680 NW 63RD STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 9660 NW 77TH AVE

City HIALEAH GARDENS FL Zip Code 33016

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIGIO, FABIOLA 1946 TIGERTAIL BLVD DANIA FL 33004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLENDEN, ALLEN 7680 NW 63RD STREET MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/D 9660 NW 77TH AVE HIALEAH GARDENS FL 33016 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Allen Blenden President ALLEN BLENDEN, President 4/3/01 305-597-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #