

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000016505**

1. Entity Name

PLAYNATION PLAY SYSTEMS OF MIAMI INC

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90031 045 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9660 NW 77TH AVE

Suite, Apt. #, etc.

3. Mailing Address

9660 NW 77TH AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH GARDENS FL

City & State

HIALEAH GARDENS FL

4. FEI Number

650895455

Applied For

Not Applicable

Zip

Country

33016

Zip

Country

33016

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BLENDEN, ALLEN

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

9660 NW 77TH AVE

City

HIALEAH GARDENS

FL

Zip Code

33016

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P S D BLENDEN, ALLEN 9660 NW 77TH AVE HIALEAH GARDENS FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Allen Blenden

ALLEN BLENDEN

4/29/02 305-558-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #