

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031525

1. Entity Name

EXCLAMATION TOY COMPANY

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90030 002 \*\*\*158.75

Principal Place of Business

840 SW 81ST AVENUE  
NORTH LAUDERDALE FL 33068

Mailing Address

840 SW 81ST AVENUE  
NORTH LAUDERDALE FL 33068-2001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0920726

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, HARRY  
1221 BRICKELL AVENUE  
MIAMI FL 33131

Name

Timothy Weeks

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

840 SW 81st Ave.

City

North Lauderdale

FL

Zip Code  
33068

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

*Timothy Weeks*

Timothy Weeks

1/14/00

DATE

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	WEEKS, TIMOTHY	
STREET ADDRESS	840 SW 81ST AVENUE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINSTEIN, BARBARA A	
STREET ADDRESS	840 SW 81ST AVENUE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMUELS, LEONARD K	
STREET ADDRESS	840 SW 81ST AVENUE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weeks, Timothy	
STREET ADDRESS	840 SW 81st Ave.	
CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE	PM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weinstein, Barbara-Ann	
STREET ADDRESS	840 SW 81st Ave.	
CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuels, Leonard K.	
STREET ADDRESS	840 SW 81st Ave.	
CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Timothy Weeks*

Timothy Weeks

1/14/00

(954) 724-3899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)