

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90375 024 \*\*\*150.00

**DOCUMENT # P99000080206**

1. Entity Name

**TOYS FOR FRIENDS, INC.**

Principal Place of Business

8950 N.W. 70 CT.  
 PARKLAND FL 33067

Mailing Address

8950 N.W. 70 CT.  
 PARKLAND FL 33067

2. Principal Place of Business

2162 SW 132 Way

3. Mailing Address

2162 SW 132 Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

4. FEI Number

65-0946800

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVE.**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**SALOMON GIL**

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

**2162 SW 132 Way**

**DAVIE**

City  
**DAVIE**

**FL**

Zip Code

**33325**

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]*

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

TITLE **PTD** ☐ Delete  
 NAME **GIL, SALOMON**  
 STREET ADDRESS **8950 N.W. 70 CT.**  
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **SD** ☐ Delete  
 NAME **DEL ROSAIRO GARCIA, MARIA**  
 STREET ADDRESS **8950 N.W. 70 CT.**  
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **PTD** ☒ Change ☐ Addition  
 NAME **GIL, SALOMON**  
 STREET ADDRESS **2162 SW 132 Way**  
 CITY-ST-ZIP **DAVIE, FL 33325**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2162 SW 132 Way**  
 CITY-ST-ZIP **DAVIE, FL 33325**

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

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

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

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]* **MARIA GARCIA**  
 SECRETARY

2/7/01

(954) 577 9339

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0132155