

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90048 045 ***150.00

DOCUMENT # P99000094882

1. Entity Name

IMPULSE TOYS & GIFTS, INC.

Principal Place of Business

Mailing Address

2291 NORTHEAST 164TH STREET
 NORTH MIAMI BEACH FL 33160

2291 NORTHEAST 164TH STREET
 NORTH MIAMI BEACH FL 33160-3703

2. Principal Place of Business

18373 NE. 4 CT.

Suite, Apt. #, etc.

3. Mailing Address

18373 NE 4 CT.

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FLORIDA

City & State

N. MIAMI BEACH, FLORIDA

4. FEI Number

65-0958177

Applied For

Not Applicable

Zip

Country

33179

USA

Zip

Country

33179

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

SAUL RICHE

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

7185 SAN SALVADOR DRIVE

City

BOCA RATON

FL

Zip Code

33433

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

Saul Riche
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MUSKAT, ADOLFO	
STREET ADDRESS	2291 NORTHEAST 164TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MUSKAT, LEONARD	
STREET ADDRESS	2291 NORTHEAST 164TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RICHE, SAUL	
STREET ADDRESS	2291 NORTHEAST 164TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSKAT, ADOLFO	
STREET ADDRESS	18373 NE. 4 CT.	
CITY-ST-ZIP	N. MIAMI BEACH, FL. 33179	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSKAT, LEONARD	
STREET ADDRESS	18373 NE. 4. CT.	
CITY-ST-ZIP	N. MIAMI BEACH, FL. 33179	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHE, SAUL	
STREET ADDRESS	18373 NE. 4 CT.	
CITY-ST-ZIP	N. MIAMI BEACH, FL. 33179	
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:

Saul Riche
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/00

Daytime Phone #

305-999-6663

CR2E034 (9/99)