

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90043 026 ***150.00

DOCUMENT # P99000094882 ✓
1. Entity Name Impulse Toys & Gifts, Inc.

Principal Place of Business 18373 NE 4 Court
 Miami, FL 33179
Mailing Address

2. Principal Place of Business 13740 NW 19 Avenue
3. Mailing Address
 Suite, Apt. #, etc.
 City & State OpaLocka, FL 33054
 Zip 33054 Country USA

4. FEI Number 65-0958177
 Applied For
 Not Applicable

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
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 remaining) 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	☐ Delete	TITLE	Treasurer	☒ Change ☐ Addition
NAME	Adolfo Muskat		NAME	Adolfo Muskat	
STREET ADDRESS	18373 NE 4 CT.		STREET ADDRESS	13740 NW 19 Avenue	
CITY-ST-ZIP	Miami, FL 33179		CITY-ST-ZIP	OpaLocka, FL 33054	
TITLE	Vice President	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	Leonard Muskat		NAME	Leonard Muskat	
STREET ADDRESS	18373 NE 4 CT.		STREET ADDRESS	13740 NW 19 Avenue	
CITY-ST-ZIP	Miami, FL 33179		CITY-ST-ZIP	OpaLocka, FL 33054	
TITLE	Secretary/Treasurer	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	Saul Riche		NAME		
STREET ADDRESS	18373 NE 4 CT.		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33179		CITY-ST-ZIP		
TITLE	WICERRE	☐ Delete	TITLE	Vice President	☐ Change ☒ Addition
NAME			NAME	Elizabeth Benavides	
STREET ADDRESS			STREET ADDRESS	13740 NW 19 Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	OpaLocka, FL 33054	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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(2)(b), 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: Leonard Muskat President 4/6/01 305 688-9600

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DO NOT WRITE IN THIS SPACE