

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095810

1. Entity Name

TOY BOX USA INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90023 021 ***150.00

Principal Place of Business

Mailing Address

~~2458 W. 60 ST.~~
HIALEAH FL 33016

~~2458 W. 60 ST.~~
HIALEAH FL 33016-4408

2. Principal Place of Business

1455 NW 107 AVE

3. Mailing Address

2084 NW 21 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0971269

Applied For

Not Applicable

Zip

33174

Country

DADE

Zip

33142

Country

DADE

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

HERNANDEZ, ALBERTO J
2458 W. 60 ST.
HIALEAH FL 33016

Name

ALBERTO J. HERNANDEZ

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

6484 NW 197 LN

City

MIAMI

FL

Zip Code

33015

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]

ALBERTO J. HERNANDEZ

PRESIDENT

4/11/00

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
ALBERTO J HERNANDEZ
6484 NW 197 LN
MIAMI FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]

ALBERTO J. HERNANDEZ

4/11/00

(305) 406-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/98)