

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000095810****1. Entity Name**  
**TOY BOX USA INC.****FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90012 015 \*\*\*158.75

**Principal Place of Business****1455 NW 107 TH AVE**  
**MIAMI FL 33174****Mailing Address****2084 NW 21ST STREET**  
**MIAMI FL 33142****646436**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address****9125 NW 32 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MIAMI FLA**

City &amp; State

City &amp; State

**33147****4. FEI Number 65-0971269**

Applied For

Not Applicable

Zip

Country

Zip

Country

**USA****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**  
**6424 NW 197TH LANE**  
**MIAMI FL 33015**

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 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**HERNANDEZ, ALBERTO J**  
**6484 NW 197TH LANE**  
**HIALEAH FL 33015**☐ Delete**TITLE**  
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☐ Change ☐ Addition**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)