

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095810

1. Entity Name

Toy Box USA

Principal Place of Business

Mailing Address

1455 NW 157 TR AVE  
MIAMI, FL 33172

9125 NW 32 AVE  
MIAMI FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 30 PM 12:28

DO NOT WRITE IN THIS SPACE

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

~~ALBERTO J. HERNANDEZ~~  
9125 NW 32 AVE  
MIAMI, FL 33147

100004571531--4

100004571531--4

09/06/01--01016--012

\*\*\*\*\*26.25 \*\*\*\*\*26.25

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)

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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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V.M  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ALBERTO J HERNANDEZ ☐ Change ☒ Addition  
6484 NW 197 LN  
MIAMI, FL 33015

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SANCHEZ HERNANDEZ ☐ Change ☒ Addition  
9125 NW 32 AVE  
MIAMI, FL 33147

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100004571531--4  
09/06/01--01016--011  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
SP

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]*

8/1/01 (205) 796-8309

CR2E034 (11/00)