

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096692

1. Entity Name

GLOBAL TOYS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90411 038 ***150.00

Principal Place of Business

17388 BOCA CLUB BLVD., UNIT 206
BOCA RATON FL 33487

Mailing Address

101 WEST 23RD ST.
PMB 2414
NEW YORK NY 10011

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2780 Park Rd. South

3. Mailing Address

2780 Park Rd. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Park, FL

City & State

Pembroke Park, FL

4. FEI Number

582564313

APPLIED FOR

Applied For

Not Applicable

Zip

33009

Country

Broward

Zip

33009

Country

Broward

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

PRICHASON, FRED G
16931 NE SIXTH AVE.
NORTH MIAMI BEACH FL 33162

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
PST
HESS, ALEX
17388 BOCA CLUB BLVD., UNIT 206
BOCA RATON FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
A. Hess
3 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman
Alan Hess
31 Fox Chase Ct.
Freehold, NJ 07728 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 #

4/30/01

954-322-6091

CR2E034 (10/00)