

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90008 033 ***150.00

DOCUMENT # P99000101563
 1. Entity Name
GOLDEN TOY PORTFOLIO, INC.

Principal Place of Business C/O ALISON R. COHEN 12550 BISCAYNE BLVD., SUITE 405 NORTH MIAMI FL 33181	Mailing Address C/O ALISON R. COHEN 12550 BISCAYNE BLVD., SUITE 405 NORTH MIAMI FL 33181-2537
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2. Principal Place of Business <i>clo Alison R. Cohen</i> Suite, Apt. #, etc. <i>1025 Kane Concourse, Sk 215</i> City & State <i>Bay Harbor Islands, FL</i> Zip <i>33154</i> Country <i>USA</i>	3. Mailing Address <i>clo Alison R. Cohen</i> Suite, Apt. #, etc. <i>1025 Kane Concourse, Sk #215</i> City & State <i>Bay Harbor Islands, FL</i> Zip <i>33154</i> Country <i>USA</i>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
COHEN, HOWARD D
12550 BISCAYNE BLVD.
SUITE 405
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent
 Name *Howard D. Cohen*
 Street Address (P.O. Box Number is Not Acceptable)
1025 Kane Concourse
Suite 215
 City *Bay Harbor Islands* **FL** Zip Code *33154*

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]* DATE *4-23-2000*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President, Secretary, Treasurer</i> <input type="checkbox"/> Delete <i>Alison R. Cohen</i> <i>1025 Kane Concourse, Suite 215</i> <i>Bay Harbor Islands, FL 33154</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **President** DATE *4-24-2000* DAYTIME PHONE # *305-893-5245*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/99)