

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/10/00-90052-031-\$150.00-\$150.00

DOCUMENT # P99000105181

1. Entity Name  
**MAGICAL TOY DEPOT, INC.**

FILED

00 MAR 17 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1270 NORTH WICKHAM ROAD  
#14-15  
MELBOURNE FL 32935

Mailing Address  
1270 NORTH WICKHAM ROAD  
#14-15  
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFI Number  
65-0965906

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORAN, W. JAMES  
6277 NE 8TH AVENUE  
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name **ROBERT RUNTE**  
Street Address (P.O. Box Number is Not Acceptable)  
**4905 LAGUNA VISTA DRIVE**  
City **MELBOURNE** FL Zip Code **32934**

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 *Robert Runte* - President & Director 2-5-00  
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

TITLE **PD** ☒ Delete  
NAME **MORAN, W. JAMES**  
STREET ADDRESS **6277 NE 8TH AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **ROBERT RUNTE**  
STREET ADDRESS **4905 LAGUNA VISTA DRIVE**  
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: *Robert Runte* **ROBERT RUNTE, PRESIDENT** 2-5-00 321-752-6030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)