## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 13, 2002 8:00 am Secretary of State DOCUMENT # V62371 1. Entity Name DOLLS & TOYS TO TREASURE INC. 06-13-2002 90385 012 \*\*\*150.00 Principal Place of Business Mailing Address 126 NE 6TH AVE 126 NE 6TH AVE DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0353019 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **UHAZIE. GEORGE** Street Address (P.O. Box Number is Not Acceptable) 3201 SOUTH OCEAN BLVD. PH-4 HIGHLAND BEACH FL 33487 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE -☐ Delete TITLE ☐ Change ☐ Addition NAMS UHAZIE, GEORGE NAME STREET ADDRESS 3201 S OCEAN BLVD PH-4 STREET ADDRESS CITY-ST-ZIP HIGHLAND BEACH FL CITY-ST-ZIP VS ☐ Delete TITLE ☐ Change ☐ Addition NAME **UHAZIE. MARION** NAME STREET ADDRESS STREET ADDRESS 3201 S OCEAN BLVD PH-4 CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL TITLE Delete TITI F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (9/01)

1. Entity N	JMENT	# V6237	71	. //		1
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Principal Pl	ace of Business	S	Mailing Address			- 1
126 NE 6TH DELRAY BE US	H AVE EACH FL 33483		126 NE 6TH AVE DELRAY BEACH FL 33 US	3483		The same of the sa
2. Principal	Place of Busin	ess	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & St	ate		City & State		4. FEI Number	Applied For
Zip		Country	Zip	Country	<b>65-0353019 5.</b> Certificate of Status Desired	Not Applicable
	6. Name	and Address of Current	Registered Agent	<u>,                                    </u>	Certificate of Status Desired     Name and Address of New Register	Fee Required
		L 33487				Zip Code
3. The abov	e named entity	submits this statement fo	r the purpose of changing	its register to	un a uniste	Zip Code
8. The abov SIGNATURE 9. This corp Tax filing	e named entity Signature, typed o	submits this statement for printed name of registered agent a ple to satisfy its Intangible and elects to do so.	and title if applicable. (N	OTE: Registere WIII FEE 2002 Fee	un a uniste vign before	\$5.00 May Be
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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING PERCER OR DIRECTOR

18-2-62 333-3433 Date Daytime Protes #