

2001 UNIFORM BUSINESS REPORT (UBR)

5/14/01

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-14-2001 90105 047 ****61.25

DOCUMENT # N00000008208

1. Entity Name

CHILDREN'S - WORLD, ORGANIZATION INC.

Principal Place of Business

18060 W DIXIE HWY
 MIAMI FL 33160

Mailing Address

18060 W DIXIE HWY
 MIAMI FL 33160

2. Principal Place of Business

Same
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1062796

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OHANA, GAD
 18060 W DIXIE HWY
 MIAMI FL 33160

7. Name and Address of New Registered Agent

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.

GAD OHANA

SIGNATURE

Signature, typed or printed name of recipient (Applicant, Agent, or Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D</i> <i>GAD OHANA</i> <input type="checkbox"/> Delete <i>18060 W. DIXIE HWY.</i> <i>MIAMI FL 33160</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D</i> <i>DORIAN BERMUDEZ</i> <input type="checkbox"/> Delete <i>18052 W. DIXIE HWY.</i> <i>MIAMI FL 33160</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D</i> <i>Dennise Bermudez</i> <input type="checkbox"/> Delete <i>18052 W. DIXIE HWY.</i> <i>MIAMI FL 33160</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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAD OHANA

4/27/01

305-932-9198

Date

Daytime Phone #

CR2E037 (10/00)