2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90095 035 ***150.00

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DOCUMENT # P02000096879

1. Entity Name
KIDDIE ACADEMY, INC.

Principal Place of Business	Mailing Address
8405 NW 140 TERR UNIT 3705 MIAMI LAKES FL 33016	8405 NW 140 TERR UNIT 3705 MIAMI LAKES FL 33016

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
8004 NW 154 ST		8004 NW 154 ST	
Suite, Apt. #, etc.: #255		Suite, Apt. #, etc.: #255	
City & State: Miami Lakes, FL		City & State: Miami Lakes, FL	
Zip: 33016	Country: US	Zip: 33016	Country: US

4. FEI Number — ☐ Applied For ☒ Not Applicable

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
PEREZ, BARBARA 8405 NW 140 TERR UNIT 3705 MIAMI LAKES FL 33016	Name: David T. Perez, Esq. Street Address (P.O. Box Number is Not Acceptable): 7590 NW 186 ST Suite 206 City: Miami FL Zip Code: 33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, BARBARA 8405 NW 140 TERR, UNIT 3705 MIAMI LAKES FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, MIGUEL 8405 NW 140 TERR, UNIT 3705 MIAMI LAKES FL 33016	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 607, 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] — 4/28/03 — (305) 733-7792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #