

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011645

1. Entity Name

BABY'S AND KIDS INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90041 028 \*\*\*150.00

Principal Place of Business

5402 N.W. 72ND AVE.  
 MIAMI FL 33166  
 US

Mailing Address

5402 N.W. 72ND AVE.  
 MIAMI FL 33166-4224  
 US

2. Principal Place of Business

C90 LONE PINE LN  
 Suite, Apt. #, etc.

3. Mailing Address

C90 LONE PINE LN  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 WESTON, FLORIDA

City & State  
 WESTON, FLORIDA

4. FEI Number **65-0643273**

Applied For  
 Not Applicable

Zip **33327-1201**

Country **USA**

Zip **33327-1201**

Country **USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSALES COHEN ARIEH  
 5402 N.W. 72ND AVE.  
 MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **ARIE ROSALES COHEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**C90 LONE PINE LN**  
 City **WESTON, FLORIDA 33327 FL** Zip Code **33327**

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)

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	<input checked="" type="checkbox"/> Delete
D	COHEN, ARIEH R	1045 CEDAR FALLS DR.	FT. LAUDERDALE FL 33327	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	COHEN, ARIEH R.	C90 LONE PINE LN	WESTON, FLORIDA 33327-1201	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

**ARIE ROSALES COHEN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/00** (301) 592 3333  
 Date Daytime Phone #

CR2E034 (9/99)