2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2001 8:00 am DOCUMENT # **P96000068792** Secretary of State KIDMOVER JUNIOR, INC. 03-05-2001 90280 031 ***158.75 Principal Place of Business Mailing Address 8442 SOUTHWEST 102 COURT 8442 SOUTHWEST 102 COURT MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address 7260 S.W 166 ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 166 57 7260 SIW 4. FEI Number City & State Applied For 65-0704195 MALM Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired DADE D/LDE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RONDEROS CAMILO VERSTER, MARTYN W Street Address (P.O. Box Number is Not Acceptable) 10691 N.KENDALL DR. SUITE 205 SIW MIAMI FL 33176 statement for the purcose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE e of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PVTD** TITLE Delete TITLE Thange ☐ Addition RONDEROS CAMILO BETANCOURT, YVETTE NAME NAME 7260 S.W 166 ST STREET ADDRESS STREET ADDRESS 8442 SOUTHWEST 102 COURT PL , 33,57 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 SD Addition TITLE Delete TITLE RICARDO RONDEROS NAME ALFARO, LIZ 13515 N.E 22 CT STREET ADDRESS STREET ADDRESS 8442 SW 102 CT CITY-ST-ZIP CITY-ST-ZIP N. MIANN, FL, 33181 **MIAMI FL 33173** Change Addition TITLE Delete TITLE VOLANDA P. CAMPO NAME 7260 S.W 166 ST MIAMI, FL, 33157 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete MAKGARITA RONDEROS NAME NAME 13515 N.E 22 CT STREET ADDRESS STREET ADDRESS N. MIAMI, FL, 33181 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ 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 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 true ee 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 a dress,

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

CR2E034 (10/00)