2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 15, 2000 8:00 am Secretary of State P96000078717: DOCUMENT# 1. Entity Name WONDER KIDS NC Principal Place of Business 08-15-2000 90018 049 ***150.00 ISIZE. ATIANTIE BLUD POMPANIO BCh F/ 33060 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional Country Zío Zio 5. Certificate of Status Desired Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -MAHONEY, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3001 N. PEDERAL HUY POMPANO BEACH PI 33064 Zip Code FL 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 d applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee, will be \$550.00 9.-This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax fitting regularment and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (66/6) Addition PRESINEUT ☐ Delete Change TITLE NAME DORA RUBSADA BUD **CR2E034** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST ZP Addition "🔲 Delete . . 1: عر<u>مه</u> راد -NAME -STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET APPRIESS angeggg CITY-ST-ZIP Change ☐ Addition Delete NAME STREET ADDRESS \$7-212 CITY-ST-ZIP ☐ Change noitibbA 🔲 Delete NAME STREET ADDRESS CITY-ST-ZIP 27.750 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 employment 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 employment.

- MATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

081400 1512 E. Atlantic Blvd.

Pompano Beach FL: 33060

kidztimepreschool@yahoo.com

Tel: (954) 941-3467



Your child's Journey to Success begins with us

On MAY 04 2000 I spoke to Ms Roth about the TO WHOM Concern, renewal of my corporation , that i did not recieved the forms. She told me that she whould mailed them to did not recieved them. I call her again on May 24

me, but Then I recived them. I am sending the total fee 2000.

for my two corporatons 1. CDAL Inc.

2. WONDER KIDS Inc.

I would be greatly apperciated if you wavied

my latercharges .----

Thank-You-

CDAL Inc. WONDER KI