

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90056 022 \*\*\*150.00

**DOCUMENT # P97000066262**

1. Entity Name  
**NEW KIDS ON THE BLOCK, INC.**

Principal Place of Business

1161 E ATLANTIC AVENUE  
 DELRAY BEACH FL 33482

Mailing Address

1161 E ATLANTIC AVENUE  
 DELRAY BEACH FL 33482

**00036179**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2200 Glades Rd**  
 Suite, Apt. #, etc.  
**104**

3. Mailing Address

**2200 Glades Rd**  
 Suite, Apt. #, etc.  
**104**

City & State

**Boca Raton FL**

City & State

**Boca Raton FL**

4. FEI Number

**65-0771831**

Applied For

Not Applicable

Zip

**33431**

Country

**USA**

Zip

**33431**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FEIGERAIN, ALAN**  
**200 KNUTH RD STE 220**  
**BOYNTON BEACH FL 33436**

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.

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, 2001 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	Delete
	<b>D KATZ, SHARI</b>	<b>9290 VEDRA POINTE LN</b>	<b>BOCA RATON FL 33496</b>	<input 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	Change	Addition
				<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"/>	<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 all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/01** **361 628844**  
 Date Daytime Phone #

CR2E034 (10/00)