2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 280754

1. Entity Name

SIGNATURE:

LAVIN BABY CENTER, INC.



FILED Sep 02, 2003 8:00 am Secretary of State 09-02-2003 90191 043 ***550.00

305-251-2229

Principal Place 3604 N W 7TH MIAMI FL 3312	1 STREET	i	3604 N	Mailing Address 3604 N W 7TH STREET MIAMI FL 33125								
2. Principal P	lace of Busin	3. Mailing	3. Mailing Address					1161 01811 01 ¹ 1				
Suite, Apt.	#, etc.		Suite,	Apt. #, etc.				CHECK HERE	F MAKING	CHANGES		
City & State	ty & State			City & State			4. FEI Number 59-1053560				Applied For Not Applicable	
Zip	ندفت	Country	Zip	Zip		Country				8.75 Additional		
	6. Name	and Address of Curr	ent Registered	Agent			7. N	lame and Address of New Re	gistered A	gent		
GUILLERMO, A. RAMOS 8871 SW 132 STREET						Name Street Address	s (P.O. Bo	ox Number is Not Acceptable)				
MIAMI FL					City			FL	Zip Cod			
the obligati	ions of registe	ered agent.						ent, or both, in the State of Flor	rida. I am fa	amiliar with,	and accept	
	Signature, typed	or printed name of registered a	gent and title if applica	ble. (NOTE	Registere	d Agent signature requi	red when re	instating)	DAIE			
After Ser	otember 10,	FEE IS \$550.00 2003 Fee will be \$ Florida Departmen	- 1					Election Campaign Fin- Trust Fund Contribution	ı.	Àdded	May Be I to Fees	
10.	I"	OFFICERS A	ND DIRECTORS		11.		AD	DITIONS/CHANGES TO OFFI	CERS AND		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMOS, 0 15523 SW MIAMI FL	39 STREET		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GUILLERMO A. 39 STREET 33185		□ Delete		l l				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VP_ RAMOS, G 15523 SW MIAMI FL	39 STREET	en e	Delete		~			~ ~~	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GUILLERMO A 39 STREET 33185		□ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1	l l				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		\cap	•	□ Delete		l l				☐ Change	Addition	
12. I hereby of indicated of the corchanged,	certify that the on this repor poration or th or on an atta	e information supplied t or supplemental rep of receiver or trustee of chment with an addre	with this filing do ort is true and ic empowered to ex ess, with all other	pes not qualify for curate and that if ecute this report like embowered.	the exe ny signa as requi	mption stated in ture shall have th red by Chapter 6	Section le same l 07, Florid	119.07(3)(i), Florida Statutes. I legal effect as if made under o da Statutes; and that my name	further cert ath; that I a appears in	ify that the i m an officer Block 10 o	nformation or director r Block 11 if	