


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90162 035 \*\*\*150.00

**DOCUMENT # 425959**

1. Entity Name  
**BABY LOVE, INC.**



Principal Place of Business  
**8100 W OAKLAND PK BLVD  
SUNRISE FL 33351  
US**

Mailing Address  
**8100 W OAKLAND PK BLVD  
SUNRISE FL 33351  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country

4. FEI Number **59-1460470** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**KOMROFF, PETER**  
**8100 W OAKLAND PK BLVD**  
**SUNRISE FL 33351**

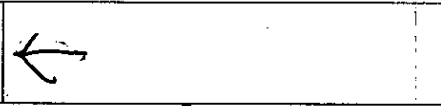
**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**



9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOMROFF, PETER	
STREET ADDRESS	11873 N.W. 30TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOMROFF, BARBARA	
STREET ADDRESS	11873 N.W. 30TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOMROFF, ELLIOT	
STREET ADDRESS	5424 NW 121ST AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOMROFF, LAWRENCE	
STREET ADDRESS	3321 NW 101ST AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11015 N.W. 64 DR.	
CITY-ST-ZIP	PARKLAND, FL. 33076	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11015 N.W. 64 DR.	
CITY-ST-ZIP	PARKLAND, FL. 33076	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	zip 33076	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	zip 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Date: **3/13/03** Daytime Phone #: **954-741-2227**

CR2E034 (10/02)