

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F11255

1. Entity Name

THE CHILDREN'S EXCHANGE, INC.

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**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90154 020 \*\*\*150.00

Principal Place of Business

1415 SUNSET RD  
CORAL GABLES FL 33146

Mailing Address

1415 SUNSET RD  
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2075061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUMENIK, DELMA  
1552 MURCIA AVENUE  
CORAL GABLES FL 33134

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME RUMENIK, DELMA  
STREET ADDRESS 1552 MURCIA AVE  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE V  
NAME SKOLA, CATHY  
STREET ADDRESS 9050 SW 62 CT  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Delma Rumenik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/2000  
Date

305-666-6235  
Daytime Phone #

CP2E034 (5/00)



CONSIGNMENT SHOPPE FOR CLOTHES AND TOYS

1415 SUNSET DRIVE  
CORAL GABLES, FLORIDA 33143  
(305) 666-6235

Attachment  
①# F11255  
DW78230

Dear Ms. Harris,

Please be advised that we never received the original annual business report.

If you check our records you will see that we have been in business for 30 years and we have always promptly paid all of our bills. Please do take this into consideration.

As advised by your office, I have enclosed a check for \$150.00 along with this letter.

Sincerely,

Cathy Skola VP