

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**  
 09-13-2000 90059 045 \*\*\*150.00

**DOCUMENT # F96000001437**

1. Entity Name  
**T.C. BABIES, INC.**

Principal Place of Business  
**6621 KRISTINE CT.  
 ORLANDO FL 32818**

Mailing Address  
**6621 KRISTINE CT.  
 ORLANDO FL 32818**

2. Principal Place of Business  
**6621 KRISTINE CT**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6621 KRISTIN CT**  
 Suite, Apt. #, etc.

City & State  
**ORLANDO FL 32818**

City & State  
**ORLANDO, FLORIDA**

Zip  
**32818**

Country  
**U.S.A.**

Zip  
**32818**

Country  
**U.S.A.**

4. FEI Number **71-0725725**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AGUAS, JUAN M**  
**6621 KRISTIN CT**  
**ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name **AGUAS, LUIS**

Street Address (P.O. Box Number is Not Acceptable)  
**6621 KRISTIN CT**

City **ORLANDO** FL Zip Code **32818**

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 *Juan Aguas* **REGISTERED AGENT** DATE **9/11/00**

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

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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	AGUAS, JUAN M	
STREET ADDRESS	6621 KRISTIN CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AGUAS, LUIS A	
STREET ADDRESS	6621 KRISTIN CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGUAS, MARIA C	
STREET ADDRESS	6621 KRISTIN CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUAS, LUIS	
STREET ADDRESS	6621 KRISTIN CT	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUAS, JUAN M.	
STREET ADDRESS	6621 KRISTIN CT	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUAS, MARIA C	
STREET ADDRESS	6621 KRISTIN CT	
CITY-ST-ZIP	ORLANDO, FL 32818	
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		

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 REQUIRED VIA. AGUAS - VD** Date **9-9-00** Daytime Phone # **/**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

Attachment  
# F9160000001437  
A0071656

**T.C. BABIES INC.**  
6621 KRISTIN CT  
ORLANDO, FLORIDA 32818.  
TEL:(407)290-6315  
FAX:(407)290-6856

**September 9, 2000.**

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Please advise that I did not received the first Uniform Business Report, to be paid in May.

The address correction is already change.

Thanks for your cooperation.

  
Luis Aguas  
President