

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001437

1. Entity Name

T.C. BABIES, INC.

Principal Place of Business

Mailing Address

6621 KRISTINE CT.  
ORLANDO FL 32818

6621 KRISTINE CT.  
ORLANDO FL 32818

2. Principal Place of Business

4625 Old Winter Garden Rd

3. Mailing Address

6621 KRISTINE CT

Suite, Apt. #, etc.

B-5

Suite, Apt. #, etc.

City & State

Orlando, FLORIDA

City & State

Orlando, FL

Zip

32818

Country

orange

Zip

32818

Country

orange

6. Name and Address of Current Registered Agent

AGVAS, LUIS  
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

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	PCD	<input type="checkbox"/> Delete
NAME	AGVAS, LUIS	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUAS, LUIS	
STREET ADDRESS	6621 KRISTIN CT	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN AGUAS	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis AGUAS

Date 4/13/01

Daytime Phone 407-906-315

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90138 023 \*\*\*150.00

80055978



DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0725725 ☐ Applied For ☐ Not Applicable

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

CR2E034 (10/00)