

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90104 005 ***150.00

0104348 AV

DOCUMENT # F96000001437

1. Entity Name

T.C. BABIES, INC.

Principal Place of Business

4625 OLD WINTER GARDEN RD
 ORLANDO FL 32818

Mailing Address

6621 KRISTIN CT.
 ORLANDO FL 32818

2. Principal Place of Business

6621 KRISTIN CT

Suite, Apt. #, etc.

3. Mailing Address

6621 KRISTIN CT

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

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

6. Name and Address of Current Registered Agent

AGUAS, 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, 2002 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
 NAME AGUAS, LUIS
 STREET ADDRESS 6621 KRISTIN CT
 CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE VP
 NAME AGUAS, JUAN
 STREET ADDRESS 6621 KRISTIN CT
 CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE D
 NAME AGUAS, MARIA C
 STREET ADDRESS 6621 KRISTIN CT
 CITY-ST-ZIP ORLANDO FL 32818 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02
 Date

407-290-6315
 Daytime Phone #

CR2E034 (9/01)