

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91007 032 ***150.00

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DOCUMENT # F99000003315

1. Entity Name
OUR LITTLE CHILDREN, INC.



Principal Place of Business
14 STRATFORD DRIVE APT A
BOYNTON BEACH FL 33436

Mailing Address
14 STRATFORD DRIVE APT A
BOYNTON BEACH FL 33436

2. Principal Place of Business
3F Stratford Drive E.
Suite, Apt. #, etc.

3. Mailing Address
3F Stratford Drive E.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

4. FEI Number **01-0448669**

Applied For
Not Applicable

Zip
33436
Country
USA

Zip
33436
Country
USA

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

KAPROW, MICHAEL B
14 STRATFORD DR, APT A **3F Stratford DR E.**
BOYNTON BEACH FL 33436

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 *Michael B. Kaprow*

4/28/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTCD
KAPROW, MICHAEL B
14 STRATFORD DR, APT A **3F Stratford DR**
BOYNTON BEACH FL 33436

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KAPROW, CAROL ANNE
14 STRATFORD DR, APT A **3F Stratford DR**
BOYNTON BEACH FL 33436

TITLE
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☐ Change ☐ Addition

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: *Michael B. Kaprow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date Daytime Phone #

CR2E034 (10/02)