

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90046 044 ***150.00

DOCUMENT # G48377

1. Entity Name

CARING FOR KIDS, INC.

Principal Place of Business

**8301 NW 53RDD ST
MIAMI FL 33166**

Mailing Address

**8301 NW 53RDD ST
MIAMI FL 33166**

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 **59-2421127**

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****STEFAN, RAMON
8301 NW 53RD STREET
MIAMI FL 33166**

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 \$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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	STEFAN, RAMON	7220 NW 36TH ST #602	MIAMI FL	<input checked="" type="checkbox"/>
SD	STEFAN, JOANNA	9367 FONTAINEBLEAU BLVD. G-117	MIAMI FL	<input checked="" type="checkbox"/>
V	STEFAN, LAURA	7220 NW 36 ST #602	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
President	Stefan, Ramon	10077 NW 55 TERRACE	MIAMI, FL 33178	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	STEFAN, JOANNA	4415 W. 2 AVE.	HALEAH, FL 33012	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vicepresident	STEFAN, LAURA	10077 NW 55 TERRACE	MIAMI, FL 33178	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

JOANNA Stefan

Date

2/27/01

Daytime Phone #

(305) 593-7010

CR2E034 (10/00)