

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2003 8:00 am**  
**Secretary of State**

06-25-2003 90075 030 \*\*\*558.25

0286712 AV

**DOCUMENT # H65940**

1. Entity Name  
**APRIL'S CHILD, INC.**



Principal Place of Business  
**8600 NW 53RD TERR  
SUITE 230  
MIAMI FL 33166-4536  
US**

Mailing Address  
**8600 NW 53RD TERR  
SUITE 230  
MIAMI FL 33166-4536  
US**



2. Principal Place of Business

**1835 E. HALLANDALE BLVD.  
SUITE 444**

3. Mailing Address

**1835 E. HALLANDALE BLVD  
SUITE 444**

☒ CHECK HERE IF MAKING CHANGES

City & State

**HALLANDALE BEACH, FL**

City & State

**HALLANDALE BEACH, FL**

4. FEI Number

**59-2561136**

Applied For

☐ Not Applicable

Zip  
**33009**

Country  
**USA**

Zip

**33009**

Country

**USA**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, JORDAN A.  
8600 NW 53RD TERR  
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name  
**SAME**

Street Address (P.O. Box Number is Not Acceptable)

**1835 E HALLANDALE BEACH BLVD**

1

City  
**HALLANDALE BEACH**

FL

Zip Code  
**33019**

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 **Jordan A. Greene, PRES**

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

(NOTE: Registered Agent signature required when reinstating)

**23 JUN 03**

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

TITLE  
**PS**  
NAME  
**GREENE, JORDAN A.**  
STREET ADDRESS  
**8600 NW 53RD TERR**  
CITY-ST-ZIP  
**MIAMI FL 33166-4536**

☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1835 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33019**

☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**JORDAN A. GREENE, PRES (305) 264-7289**

Date **23 JUN 03** Daytime Phone #

CR2E034 (10/02)