## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L81417** Apr 30, 2001 8:00 am Secretary of State 1. Entity Name DEAR BABY, INC. 04-30-2001 90312 037 \*\*\*150.00 Principal Place of Business Mailing Address % SILVIA MENENDEZ % SILVIA MENENDEZ 9015 SW 21 TER 9015 SW 21 TER MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0237999 Applied For Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_\_ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENENDEZ, SILVIA Street Address (P.O. Box Number is Not Acceptable) 9015 SW 21 TER **MIAMI FL 33165** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition MENENDEZ, SILVIA NAME 9015 SW 21 TER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Change

Addition

Addition