2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2001 8:00 am Secretary of State DOCUMENT # M03982 1. Entity Name THE KIDZ EXCHANGE, INC. 02-15-2001 90055 044 ***150.00 Principal Place of Business Mailing Address 12171 TAFT ST 12171 TAFT ST PEMBROKE LAKES FL 33026 PEMBROKE LAKES FL 33026 00017507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 16-0014604 Not Applicable Country Zip \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAYERON, LESLIE W. Street Address (P.O. Box Number is Not Acceptable) 751 HERON RD. _____ FT. LAUDERDALE FL 33326 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 DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME MAYERON, LESLIE STREET ADDRESS STREET ADORESS 751 HERON RD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE_F Change Addition ☐ Delete TIT1 F TITLE PD NAME NAME MAYERON, LESLIE STREET ADDRESS STREET ADDRESS 751 HERON RD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE TITLE NAME MAYERON, LESLIE ... NAME STREET ADDRESS STREET ADDRESS 751 HERON RD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.