

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 06, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # M62172**1. Entity Name  
KINDERKRAFT, INC.

## Principal Place of Business

S100 N. 30TH COURT

HIALEAH

330183820

FL

US

## Mailing Address

S100 N. 30TH COURT

HIALEAH

330183820

FL

US

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

65-0019700

Applied For

Not Applicable

## 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LAW OFFICE OS ERNEST KOLLRA

1995 E. OAKLAND PARK BLVD.

SUITE 300

FORT LAUDERDALE

33306

FL

US

## 7. Name and Address of New Registered Agent

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)

02/06/2001

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

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | STV                          | <input type="checkbox"/> Delete |
| NAME           | SMART DERALD                 |                                 |
| STREET ADDRESS | 12369 NW 1 STREET            |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33325      |                                 |
| TITLE          | PVP                          | <input type="checkbox"/> Delete |
| NAME           | STALINSKI, ERNST OTTO        |                                 |
| STREET ADDRESS | 507 SPRING AVE., PO BOX 2046 |                                 |
| CITY-ST-ZIP    | ANNA MARIA FL 34216          |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |                                                                              |
|----------------|------------------------------|------------------------------------------------------------------------------|
| TITLE          | STV                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | STALINSKI ERNST O            |                                                                              |
| STREET ADDRESS | 507 SPRING AVE. PO BOX 2046  |                                                                              |
| CITY-ST-ZIP    | ANNA MARIA FL 34216          |                                                                              |
| TITLE          | PVP                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | STALINSKI ERNST O            |                                                                              |
| STREET ADDRESS | 507 SPRING AVE., PO BOX 2046 |                                                                              |
| CITY-ST-ZIP    | ANNA MARIA FL 34216          |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| STREET ADDRESS |                              |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| STREET ADDRESS |                              |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| STREET ADDRESS |                              |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| 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.

**SIGNATURE:** ERNST OTTO STALINSKI

P

02/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)