

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90296 001 \*\*\*\*61.25

04-18-2001 90296 002 \*\*\*\*8.75

DOCUMENT # N00000002746

1. Entity Name

OUR KIDS CAN TOO, INC.

Principal Place of Business  
1673 West 26th St.  
1528 WEST AVENUE S  
RIVIERA BEACH FL 33404

Mailing Address  
1528 WEST AVENUE S  
RIVIERA BEACH FL 33404

33419-9286



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1673 W 26th Street

3. Mailing Address  
P.O. BOX 9286

Suite, Apt. #, etc.

Suite, Apt. #, etc.

apt # 1

City & State  
Riviera Beach Fl.

City & State  
Riviera Beach Florida

4. FEI Number  
65-1003402

Applied For  
Not Applicable

Zip  
33404

Country  
Palm Beach

Zip  
33409

Country  
Palm Beach

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

BURNESTINE MIMS, CYNDA  
1528 WEST AVENUE S  
RIVIERA BEACH FL 33404

address change

1673 West 26th Street

Name  
Cynda ~~Smith~~ Cynda Mims

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

1673 West 26th Street

City  
Riviera Beach

FL

Zip Code  
33404

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 Cynda Burnestine Mims Jan 19-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME BURNESTINE MIMS, CYNDA  
STREET ADDRESS 1528 WEST AVENUE S  
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Delete

TITLE D  
NAME Mims Cynda  
STREET ADDRESS 1673 West 26th Street  
CITY-ST-ZIP Riviera Beach Fl. 33404 ☒ Change ☐ Addition ☐ Correctional

TITLE D  
NAME NEWBOLD, DOSHA  
STREET ADDRESS 1528 WEST AVENUE S  
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☒ Delete

TITLE D  
NAME Spencer India  
STREET ADDRESS 1709 W 30th Street  
CITY-ST-ZIP Riviera Beach Fl. 33404 ☒ Change ☐ Addition

TITLE D  
NAME ARMALY, TARA  
STREET ADDRESS 1528 WEST AVENUE S  
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☒ Delete

TITLE D  
NAME Steve Wallace  
STREET ADDRESS 1673 W 26th St apt 1  
CITY-ST-ZIP Riv Bch Fl 33404 ☒ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Addition  
NAME Patricia Thomas  
STREET ADDRESS 2500 Metrocentre Blvd Suite 3  
CITY-ST-ZIP 33407 West Palm Beach Fl 33409

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19-01 561-8820272  
Date Daytime Phone #

CR2E037 (10/00)