2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # N0000005435 1. Entity Name TECH KIDS INC. 02-05-2001 90072 050 ****70.00 Mailing Address Principal Place of Business 21300 N.W. MIAMI COURT 21300 N.W. MIAMI COURT MIAM! FL 33169 MIAMI FL 33169 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BEECHAM, ZELDRINA 21300 N.W. MIAMI COURT **MIAMI FL 33169** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE BEECHAM, ZELDRINA NAME NAME STREET ADDRESS STREET ADDRESS 2051 N.W. 65TH ST., #103 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 DVP ☐ Delete TITLE Change ☐ Addition TITLE PERAZA, ELENA 7801 SW 97 ST. PERAZA, ELENA NAME NAME STREET ADDRESS STREET ADDRESS 8121 S.W. 204TH ST. KENDALL, FL. 33156 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 TITLE Change ☐ Addition TITLE DST ☑ Delete NAME BEECHUM, NAKISHA ROSS, SAMANTHA NAME STREET ADDRESS STREET ADDRESS 2120 N.W. 88TH ST. 2030 NW 68 CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL 33147</u> Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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-7IP 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