

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38604

1. Entity Name

KIDS IN DADE SOCIETY, INC.

Principal Place of Business

KIDS IN DADE SOCIETY INC
2851 CORAL WAY
MIAMI FL 33145
US

Mailing Address

KIDS IN DADE SOCIETY, INC
2851 CORAL WAY
MIAMI FL 33145
US

2. Principal Place of Business

2957 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33145

Country

U.S.

3. Mailing Address

2957 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33145

Country

U.S.

6. Name and Address of Current Registered Agent

ZELLER, ALLEN
2851 CORAL WAY
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

2957 CORAL WAY

City

MIAMI

FL

Zip Code

33145

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TINSMAN, RUTH A	
STREET ADDRESS	640 SW 49TH STREET	
CITY-ST-ZIP	HEALEAH FL 33013	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'NEIL, FRANK	
STREET ADDRESS	1200 NW 6TH STREET	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZELLER, ALLEN	
STREET ADDRESS	2149 SW 30TH CT	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	T	<input type="checkbox"/> Delete
NAME	SINDELAR, EDWARD	
STREET ADDRESS	5595 SW 80TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: ALLEN ZELLER SECRETARY Allen Zeller 8/30/01

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90024 006 ****70.00

550445



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0231613

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

CR2E037 (10/00)