## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N38604

City-St-Zip:

MIAMI, FL 33143

Entity Name: KIDS IN DADE SOCIETY, INC.

FILED Feb 19, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2957 CORAL WAY P O BOX 450146 MIAMI, FL 33145 MIAMI, FL 33245 US US **Current Mailing Address: New Mailing Address:** P O BOX 450146 2957 CORAL WAY MIAMI, FL 33145 US MIAMI, FL 33245 US FEI Number: 65-0231613 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZELLER, ALLEN ZELLER, ALLEN 2957 CÓRAL WAY 2149 SW 30TH COURT MIAMI, FL 33145 MIAMI, FL 33145 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: ALLEN ZELLER 02/19/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TINSMAN, RUTH A Name: Name: Address: 640 SW 49TH STREET Address: City-St-Zip: HEALEAH, FL 33013 City-St-Zip: Title: () Delete Title: () Change () Addition Name: O'NEIL, FRANK Name: Address: 1200 NW 6TH STREET Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: Title: () Delete Title: () Change () Addition ZELLER, ALLEN Name: Name: 2149 SW 30TH CT Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SINDELAR, EDWARD Name: Name: Address: 5595 SW 80TH STREET Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALLEN ZELLER SD 02/19/2002