

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N96000003972

1. Entity Name

CANSECO'S KIDS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

03-23-2000 90003 028 ****61.25

Principal Place of Business

5601 COLLINS AVE., STE. CU1
MIAMI BEACH FL 33140

Mailing Address

5601 COLLINS AVE., STE. CU1
MIAMI BEACH FL 33140-2415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0692126

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, JUAN
5601 COLLINS AVE., STE. CU1
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name Louis M. Hillman-Walker

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

182 NW CEFUNE RD.

#350

City MIAMI

FL

Zip Code

33126

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reuniting)

1/31/00

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CANSECO, JOSE JR.	
STREET ADDRESS	5601 COLLINS AVE., STE. CU1	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	DV	<input type="checkbox"/> Delete
NAME	CANSECO, OSVALDO	
STREET ADDRESS	5601 COLLINS AVE., STE. CU1	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	IGLESIAS, JUAN	
STREET ADDRESS	5601 COLLINS AVE., STE. CU1	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	DT	<input type="checkbox"/> Delete
NAME	VALDES, DAVID	
STREET ADDRESS	1750 W. 46TH ST., #309	
CITY-ST-ZIP	HIALEAH FL 33012	

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
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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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00 (305) 865-4300