

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90072 013 \*\*\*\*61.25

**DOCUMENT # N96000003972**

1. Entity Name

**CANSECO'S KIDS, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0692126**

Applied For

Not Applicable

Zip

Country

Zip

Country

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)  
**10 N.W. LeJeune Rd.  
 Suite 600**  
 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

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	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 checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis M. Hillman-Walker	
STREET ADDRESS	10 N.W. LeJeune Rd. Suite 600	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	31T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANETTE HARRINGTON	
STREET ADDRESS	5601 COLLINS AVE. CU-1	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/01 (305) 865-4300**  
 Date Daytime Phone #

CR2E037 (10/00)