

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 31, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000001817**1. Entity Name
CHILDREN'S EMBASSY, INC.

Principal Place of Business 10961 N.W. 12TH DRIVE PLANTATION FL 33322	Mailing Address 10961 N.W. 12TH DRIVE PLANTATION FL 33322
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2. Principal Place of Business 9886 PALMA VISTA WAY Suite, Apt. #, etc.	3. Mailing Address 9886 PALMA VISTA WAY Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33428	Country

4. FEI Number 65-0821304	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent YELLIN ERIC 10961 NW 12 DRIVE PLANTATION FL 33322	7. Name and Address of New Registered Agent Name YELLIN ERIC Street Address (P.O. Box Number is Not Acceptable) 9886 PALMA VISTA WAY City BOCA RATON FL Zip Code 33428
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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 ERIC YELLIN 07/31/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORPELA STELLA 3400 PAN AMERICAN DRIVE MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARP CATHERINE 5206 MAHOGANY DRIVE BOYNTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX CRAIG 9886 PALMA VISTA WAY BOCA RATON FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YELLIN APRIL 10961 N.W. 12TH DRIVE PLANTATION FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YELLIN APRIL 9886 PALMA VISTA WAY BOCA RATON FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: April Yellin D 07/31/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)