

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90092 046 ****61.25

0023177

DOCUMENT # N98000003776

1. Entity Name

KIDZ 2000 & BEYOND, INC.

Principal Place of Business

Mailing Address

1690 CLEVELAND RD
 MIAMI BEACH FL 33141
 US

1690 CLEVELAND RD
 MIAMI BEACH FL 33141
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0863620

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

7. Name and Address of New Registered Agent

GULLICK, TANYA
1690 CLEVELAND RD
MIAMI BEACH FL 33141

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GULLICK, TANYA	
STREET ADDRESS	1140 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	NEWBURGER REED, ELLEN	
STREET ADDRESS	1140 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PODELL, JON	
STREET ADDRESS	1140 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVID, KEITH	
STREET ADDRESS	1144 100TH ST	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAIT, MITCHELL	
STREET ADDRESS	1140 100TH ST	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLASSBERG, LORI	
STREET ADDRESS	1140 100TH ST.	
CITY-ST-ZIP	MIAMI FL 33154	

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANYA GULLICK	
STREET ADDRESS	1690 CLEVELAND RD	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER CLARKE	
STREET ADDRESS	1690 CLEVELAND RD	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JON PODELL	
STREET ADDRESS	1690 CLEVELAND RD	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENNY KRAVITZ	
STREET ADDRESS	1690 CLEVELAND RD	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLEN NEWBURGER	
STREET ADDRESS	1690 CLEVELAND RD	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBORAH COYNE	
STREET ADDRESS	1690 CLEVELAND RD	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	

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

TANYA GULLICK 4/1/02 305-864-6010

CR2E037 (9/01)