

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90249 001 ****61.25

DOCUMENT # N98000003776



1. Entity Name
KIDZ 2000 & BEYOND, INC.

Principal Place of Business
**1690 CLEVELAND RD
MIAMI BEACH FL 33141
US**

Mailing Address
**1690 CLEVELAND RD
MIAMI BEACH FL 33141
US**

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 **65-0863620**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida 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 | 1690 CLEVELAND RD | |
| CITY-ST-ZIP | MIAMI FL 33141 | |
| TITLE | VPSD | <input type="checkbox"/> Delete |
| NAME | CLARKE, JENNIFER | |
| STREET ADDRESS | 1690 CLEVELAND RD | |
| CITY-ST-ZIP | MIAMI FL 33141 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | PODELL, JON | |
| STREET ADDRESS | 1690 CLEVELAND RD | |
| CITY-ST-ZIP | MIAMI FL 33141 | |
| 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 | NEWBURGER, ELLEN | |
| STREET ADDRESS | 1690 CLEVELAND RD | |
| CITY-ST-ZIP | MIAMI FL 33141 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GLASSBERG, LORI | |
| STREET ADDRESS | 1140 100TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33154 | |

| | | |
|----------------|--|---|
| 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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| 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* **SQUIRE, RESIDENT** 04/16/03 305-864-6900

CR2E037 (10/02)