

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90643 039 \*\*\*\*61.25

DOCUMENT # N-9900000-1740 ✓

1. Entity Name

Kamp for Kids

Principal Place of Business

Mailing Address

3600 Pinetree Dr.

2. Principal Place of Business

3. Mailing Address

3600 Pinetree Dr

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

FL 33140

4. FEI Number

05-0924660

Applied For

Not Applicable

Zip 33140

Country USA

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

Faye Fellig  
3600 Pinetree Drive

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 NAME	<u>Yurah Mayberg</u>	<input type="checkbox"/> Delete
STREET ADDRESS	<u>4433 N Bay Rd</u>	
CITY-ST-ZIP	<u>Miami Beach, FL 33140</u>	
TITLE NAME	<u>Faye Fellig</u>	<input type="checkbox"/> Delete
STREET ADDRESS	<u>3600 Pinetree Dr.</u>	
CITY-ST-ZIP	<u>Miami Beach, FL 33140</u>	
TITLE NAME	<u>Frieda Sheridan</u>	<input type="checkbox"/> Delete
STREET ADDRESS	<u>3480 Sheridan Ave</u>	
CITY-ST-ZIP	<u>Miami Beach, FL 33140</u>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Faye Fellig  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

00056912

DO NOT WRITE IN THIS SPACE