

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

FILED

02 OCT 14 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FORM 95 / FORM 1120 CORP**
1. Entity Name
REF # : N99000003779
4R KIDS -

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7620 ARLENE AVE.
Suite, Apt. #, etc.

3. Mailing Address (SAME)
7620 ARLENE AVE
Suite, Apt. #, etc.

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City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
59-3591-723

Applied For
Not Applicable

Zip Country
32812 USA

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32812 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **CARLOS GARZON**

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

7620 ARLENE AVE

City **ORLANDO** FL Zip Code **32812**

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IN THIS SPACE**

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 *Carlos Garzon*
Signature, typed or printed name of registered agent and title if applicable.

9-16-02
DATE

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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 NAME
PRESIDENT / A
STREET ADDRESS
CARLOS GARZON
CITY-ST-ZIP
7620 ARLENE AVE
ORLANDO FL 32812 (D)

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
SECRETARY
STREET ADDRESS
ANA MERCEDES MOLANO
CITY-ST-ZIP
7620 ARLENE AVE
ORLANDO FL 32812 (D)

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
TREASURER
STREET ADDRESS
CARMEN SOFIA FORTICH
CITY-ST-ZIP
15-47 160TH STREET
WHITESTONE NY 11357 (D)

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos Garzon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-02
Date

- 407-2518239
Daytime Phone #

CR2E037B (12/01)