

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015988

1. Entity Name

THE UNIVERSITY OF KIDS, INC.

Principal Place of Business

2895 W SUNRISE BLVD
FT LAUDERDALE FL 33311

Mailing Address

2895 W SUNRISE BLVD
FT LAUDERDALE FL 33311

2. Principal Place of Business

5213 NW 65 Ave

Suite, Apt. #, etc.

3. Mailing Address

5213 NW 65 Ave

Suite, Apt. #, etc.

City & State

Lauderhill, Florida

City & State

Lauderhill, Florida

4. FEI Number

65-0992622

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

33319

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

WILLIAMS, JESSICA E
2895 W SUNRISE BLVD
FT LAUDERDALE FL 33311

Name

Esther L. Rattray

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

5213 NW 65 Avenue

City

Lauderhill

FL

Zip Code 33319

7. Name and Address of New Registered Agent

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

Esther L. Rattray / Esther L. Rattray 3/23/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	RATTRAY, ESTHER	
STREET ADDRESS	2895 W SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATTRAY, ESTHER	
STREET ADDRESS	2895 W SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other I's empowered.

SIGNATURE:

Esther L. Rattray 3/23/01 954-363-1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 25, 2001 8:00 am
Secretary of State

04-16-2001 90245 012 ***150.00

CR2034 (10/00)