

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000040390**

1. Entity Name

TRAVELING BABY, INC.**FILED****Jan 19, 2001 8:00 am**
Secretary of State

01-19-2001 90035 035 ***150.00

0505786

Principal Place of Business

Mailing Address

16208 EMERALD COVE ROAD
WESTON FL 33331**16208 EMERALD COVE ROAD**
WESTON FL 33331**A0006965**

2. Principal Place of Business

1514 Blue Jay Circle

3. Mailing Address

1514 Blue Jay Circle

DO NOT WRITE IN THIS SPACE

City & State

Weston FL

City & State

Weston FL

4. FEI Number

65-1011477

Applied For

Not Applicable

Zip

33327

Country

US

Zip

33327

Country

US5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

GOREN, SAMUEL S
3099 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	SOLOWAY, MICHELE	16208 EMERALD COVE ROAD	WESTON FL 33331	
		1514 Blue Jay Circle	Weston FL 33327	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P D				
	michele M. Soloway	1514 Blue Jay Circle	Weston FL 33327		

13. 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 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 like empowered.

SIGNATURE:

Michele M. Soloway
Michele M. Soloway
President
1/3/01 (954) 217-1719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)