

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90271 011 ***150.00

DOCUMENT # P00000049256

1. Entity Name
JITTERBUGS KIDS CONSIGNMENT SHOPPE CO.

Principal Place of Business

**C/O DIANNE KIMBALL
 311 LINCOLN RD. STE 205
 MIAMI BEACH FL 33139**

Mailing Address

**C/O DIANNE KIMBALL
 311 LINCOLN RD. STE 205
 MIAMI BEACH FL 33139**

00033440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10704 NE 6th Ave
 Suite, Apt. #, etc.

3. Mailing Address

10704 NE 6th Ave
 Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Florida

4. FEI Number

65-1010724

Applied For

Not Applicable

Zip

33161

Country

U.S.A

Zip

33161

Country

U.S.A

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

**KIMBALL, DIANNE
 311 LINCOLN RD, STE 205
 MIAMI BEACH FL 33139**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **WYATT-SALDIVAR, SALLY**
 STREET ADDRESS **311 LINCOLN RD, STE. 205**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSD** ☐ Delete
 NAME **KIMBALL, DIANNE**
 STREET ADDRESS **311 LINCOLN RD, STE. 205**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)