

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90176 049 ***150.00

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DOCUMENT # P00000095171

1. Entity Name
STEP BY STEP KIDS, INC.



Principal Place of Business
5333 N STATE ROAD 7
TAMARAC FL 33319

Mailing Address
5333 N STATE ROAD 7
TAMARAC FL 33319

2. Principal Place of Business
909 NE 33RD ST

3. Mailing Address
909 NE 33RD ST

Suite, Apt. #, etc.
OAKLAND PARK

Suite, Apt. #, etc.
OAKLAND PARK

City & State
FLORIDA

City & State
FLORIDA

Zip
33334-1143

Country
U.S.A.

Zip
33334-1143

Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1044332

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAX HOUSE CORP.
3929 N FEERAL HWY
POMPANO BEACH FL 33069

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D PEREIRA, CARMELITA S
1904 SW 82 AVE
N LAUDERDALE FL 33068

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D PEREIRA, MARCELO
1904 SW 82 AVE
N LAUDERDALE FL 33068

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

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☐ Change ☐ Addition

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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/18/03

CR2E034 (10/02)