## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P00000095171

1. Entity Name

STEP BY STEP KIDS, INC.



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

04-28-2003 90176 049 \*\*\*150.00

Principal Place		Mailing Address						
5333 N STATE TAMARAC FL		5333 N STATE ROAD 7 TAMARAC FL 33319						
TAMATIAO 1 L	50010	TAMADA TE 00010			4 2 <b>00</b> 1 <b>00</b> 1 744 <b>71</b> 941 <b>20</b> 444 <b>01</b> 444 <b>0</b>	LI MANI CANA ICHA	<b>8</b>     <b>8</b>	
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2. Principal P 909 1	lace of Business	3. Mailing Address	BED S.	<u>+</u> -		)  #8)   88(  <b>9</b> 1966)	<b>4</b> 13 <b>0</b> 3 11 <b>0</b> 13 41	1981   1981   1981
Suite, Apt.		Suite, Apt. #, etc.	JORD 3	<del>-</del>	<b>—</b>			
	IND PARK	l 🔺 '	PARK		CHECK HERE I	F MAKING CH	ANGES	
City & State	e	City & State		<b>4.</b> F	El Number 65-1044332	<u></u>	App	olied For
FLORI		\$LORIDA			00-1044332			Applicable
3333 4	Y-1143 U.S-n.	33334-1143	Country U.S.A	5. 0	Pertificate of Status Desired		. <b>75</b> Addi Required	
	6. Name and Address of Current	Registered Agent			ame and Address of New Ro	egistered Ager	nt	
<del></del>	* . ,		Name.		en e	<u> </u>	- 1 . <del></del>	·~
TAX HOU			Street Ad	ddress (P.O. Bo	ox Number is Not Acceptable)	)		
	EERAL HWY							
POMPANO	) BEACH FL 33069							
			City			FL	Zip Code	
	named entity submits this statement fo	r the purpose of changing its	egistered office or	registered age	ent, or both, in the State of Flor	rida. I am famil	iar with, a	and accept
the obligati	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent :	and title if applicable (NOTE:	Registered Agent signatu	re required when rei	nstation)	DATE		
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	T - NOW - FFF 10 4450 00							
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After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State			9. Election Campaign Fin. Trust Fund Contribution	· ~		May Be to Fees
After	May 1, 2003 Fee will be \$550.00		11.	AD		n.	Added	to Fees
After Make Check	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND D		11.	ADI	Trust Fund Contribution	CERS AND DIF	Added	to Fees
After Make Check 10. TITLE NAME	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND D PEREIRA, CARMELITA S	DIRECTORS	TITLE NAME	ADI	Trust Fund Contribution	CERS AND DIF	Added	to Fees
After Make Check 10. TITLE NAME STREET ADDRESS	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND D PEREIRA, CARMELITA S 1904 SW 82 AVE	DIRECTORS	TITLE NAME STREET ADDRESS	ADI	Trust Fund Contribution	CERS AND DIF	Added	to Fees
After Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND D PEREIRA, CARMELITA S 1904 SW 82 AVE N LAUDERDALE FL 33068	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	Trust Fund Contribution	CERS AND DIF	Added RECTORS Change	IN 11 Addition
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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 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. ment with an address with all other like empowered.

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #