

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104938

1. Entity Name

CHILDREN'S CONNECTION, INC.

Principal Place of Business

20002 NE 6TH COURT CIRCLE
N MIAMI BEACH FL 33179

Mailing Address

20002 NE 6TH COURT CIRCLE
N MIAMI BEACH FL 33179

2. Principal Place of Business

20002 NE 6TH CT. CIR

3. Mailing Address

20002 NE 6TH CT. CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH

City & State

N. MIAMI BEACH, FL

Zip

Country

33179 USA

Zip

Country

33179 USA

6. Name and Address of Current Registered Agent

VICTOR-ADAM, GUILAINE
20002 NE 6TH COURT CIRCLE
N MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

GUILAINE VICTOR-ADAM

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

20002 NE 6TH COURT CIRCLE

City

NORTH MIAMI BEACH

FL

Zip Code

33179

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

TITLE DPT
NAME VICTOR-ADAM, GUILAINE
STREET ADDRESS 20002 NE 6TH COURT CIRCLE
CITY-ST-ZIP N MIAMI BEACH FL 33179 ☐ Delete

TITLE S
NAME CHARLES, CHANTAL
STREET ADDRESS 20002 NE 6TH COURT CIRCLE
CITY-ST-ZIP N MIAMI BEACH FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

654-8479

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90107 035 ***150.00

00051815



DO NOT WRITE IN THIS SPACE

0227169

CR2E034 (10/00)