FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT -9 PM 12:01

DOCUMENT # P00000110006

1. Entity Name
Little Grins, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Herman Moskowitz, CPA	c/o Herman Moskowitz, CPA
Suite, Apt. #, etc. 3850 Hollywood Blvd., Suite 204	Suite, Apt. #, etc. 3850 Hollywood Blvd., Suite 204
City & State Hollywood, FL	City & State Hollywood, FL
Zip 33021 / Country USA	Zip 33021 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1060552 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Herman Moskowitz, CPA

Street Address (P.O. Box Number is Not Acceptable): 3850 Hollywood Blvd., Suite 204

City: Hollywood FL Zip Code: 33021

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Bizick, Ronald G., II 3850 Hollywood Blvd., Suite 204 Hollywood, FL 33021
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Ronald G. Bizick, II (954) 983-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #