

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90023 030 ***158.75

0844578 SP

DOCUMENT # P01000009490

1. Entity Name
KIDDO, INC.

Principal Place of Business Mailing Address
3625 N COUNTY CLUB DR APT 2305 **3625 N COUNTY CLUB DR APT 2305**
AVENTURA FL 33180 **AVENTURA FL 33180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1070433** Applied For
 Not Applicable

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

GIMENEZ, GERARDO
3625 N COUNTY CLUB DR APT 2305
AVENTURA FL 33180

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 ☒ Delete
 NAME **D GOLDSMITH, LUIS**
 STREET ADDRESS **3625 N COUNTY CLUB DR APT 2305**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☒ Change ☐ Addition
 NAME **P GERARDO GIMENEZ**
 STREET ADDRESS **3625 N. COUNTY CLUB DR. APT-2305**
 CITY-ST-ZIP **AVENTURA - FL 33180**

TITLE ☒ Delete
 NAME **D GOLDSMITH, GERARDO**
 STREET ADDRESS **3625 N. COUNTY CLUB DR APT 2305**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Change ☒ Addition
 NAME **VP - SECRETARY - TREASURE**
 STREET ADDRESS **MARIANELA GIMENEZ**
 CITY-ST-ZIP **3625 N. COUNTRY CLUB DR. APT-2305**
AVENTURA - FL 33180

TITLE ☒ Delete
 NAME **D GOLDSMITH, GLADYS**
 STREET ADDRESS **3625 N COUNTY CLUB DR APT 2305**
 CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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

2/19/02
 Date

305 932 0494
 Daytime Phone #

CR2E034 (9/01)