

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011578

1. Entity Name
KID'S PC, CORP.

Principal Place of Business
5733 SW 39TH ST.
HOLLYWOOD FL 33023

Mailing Address
5733 SW 39TH ST.
HOLLYWOOD FL 33023

2. Principal Place of Business
3008 SW 68 AU

3. Mailing Address
3008 SW 68 AU

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FLORIDA

City & State
FLORIDA

Zip 33023 Country MIRAMAR

Zip 33023 Country MIRAMAR

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90045 023 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1086483

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, JULIO C
170 BONAVENTURE BLVD., #205
WESTON FL 33326

7. Name and Address of New Registered Agent

Name WILMBER B. QCHOTBO P.
Street Address (P.O. Box Number is Not Acceptable)
5733 SW 39TH ST #87

City HOLLYWOOD FL Zip Code 33023

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 04-26-02

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

CR2E034 (9/01)

TITLE Director GENEVIEVE (PRESIDENT)
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
WILMBER B QCHOTBO P.
5733 SW 39TH ST #87
HOLLYWOOD FL 33023

Change Addition

TITLE PRESIDENT
NAME JULIO C. SANCHEZ
STREET ADDRESS 170 BONAVENTURE BLVD #205
CITY-ST-ZIP WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR GENEVIEVE
AZUCARNO ALVARO P.
3400 SW 47 AV.
HOLLYWOOD FL 33023

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR DE OPERACIONES
BILBON C. RODEGUS
3008 SW 68 AU.
MIRAMAR FL 33023

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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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 addressee with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-02 (984) 2709211

Date

Daytime Phone #