

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

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

05-15-2002 90071 022 ***150.00

DOCUMENT # P 01000041719

1. Entity Name

KIDDIE HALL OF FAME, CORP. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1505 SW 12 ST

Suite, Apt. #, etc.

3. Mailing Address

1505 SW 12 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI Florida

Zip

33135

Country

USA

Zip

33135

Country

USA

4. FEI Number

65-1099096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ADRIANA CALDERIN

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

1505 SW 12 ST.

City MIAMI

FL

Zip Code 33135

**DO NOT WRITE
IN THIS SPACE**

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

Adriana Calderin

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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 PRES/SEC/DIRECTOR
NAME ADRIANA CALDERIN
STREET ADDRESS 1505 SW 12 ST
CITY-ST-ZIP MIAMI FL. 33135

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IN THIS SPACE**

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:

Adriana Calderin PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (305) 854-8554

Date

Daytime Phone #

CR2E034B (12/01)