

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90214 027 ***158.75

DOCUMENT # P01000104925

1. Entity Name
SPECIAL TODDLERS ARE TERRIFIC INC

Principal Place of Business
14976 SW 110 TERRACE
MIAMI FL 33196

Mailing Address
14976 SW 110 TERRACE
MIAMI FL 33196



2. Principal Place of Business
3220 N.W. 7th Street

3. Mailing Address
14976 S.W. 110 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida

City & State
MIA

4. FEI Number **65-1156008**

Applied For
Not Applicable

Zip **33125** **Country** **USA**

Zip **33196** **Country** **USA**

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

6. Name and Address of Current Registered Agent

TOMASELLI, ILEANA
14976 SW 110 TERRACE
MIAMI FL 33196

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **TOMASELLI, ILEANA**
STREET ADDRESS **14976 SW 110 TERRACE**
CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **VDST** ☐ **Delete**
NAME **TOMASELLI, HERNAN**
STREET ADDRESS **14976 SW-110 TERRACE**
CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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

ILEANA TOMASELLI **4/26/02 (305) 6420027**

CR2E034 (9/01)