

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000000419

1. Entity Name

NINE ELEVEN KIDS INC.

80-0029-809

Principal Place of Business

3400 NW 50TH AVE., #219  
LAUDERDALE LAKES FL 33319

Mailing Address

3400 NW 50TH AVE., #219  
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

80-0029-809.

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PORTEOUS-THOMAS, JOAN  
3400 NW 50TH AVE., #219  
LAUDERDALE LAKES FL 33319

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: *Joan Thomas* *Joan Thomas*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 08-27-02

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

TITLE: D  
NAME: PORTEOUS-THOMAS, JOAN  
STREET ADDRESS: 3400 NW 50TH AVE., #219  
CITY-ST-ZIP: LAUDERDALE LAKES FL 33319

Delete

TITLE: D  
NAME: BUCHANAN, TANASHSHA  
STREET ADDRESS: 3400 NW 50TH AVE., #219  
CITY-ST-ZIP: LAUDERDALE LAKES FL 33319

Delete

TITLE: D  
NAME: BUCHANAN, TAFARI  
STREET ADDRESS: 3400 NW 50TH AVE., #219  
CITY-ST-ZIP: LAUDERDALE LAKES FL 33319

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
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 address, with all other like empowered.

SIGNATURE: *Joan Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-02

954-535-2870

Date

Daytime Phone #

CR2E034 (9/01)