

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000060919

1. Entity Name

KIDS AUTHORITY, INC



FILED

03 NOV 18 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1261 Kane Concourse
Bay Harbour Island
Florida 33154

Mailing Address
2742 Biscayne Blvd
Miami, FL 33137

2. Principal Place of Business
1261 Kane Concourse

Suite, Apt. #, etc.

3. Mailing Address
2742 Biscayne Blvd

Suite, Apt. #, etc.

REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

City & State
Bay Harbour Island

City & State
Miami

4. FEI Number
73-1685520

Applied For
Not Applicable

Zip
33154

Country
USA

Zip
33137

Country
USA

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

CHOCRON, JOSE M
1261 Kane Concourse
Bay Harbour Island, FL 33154

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEES \$150.00
ATTENTION: 11/18/03 Fee will be \$250.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CHOCRON, JOSE M.
1261 KANE CONCOURSE
BAY HARBOUR ISLAND, FL 33154

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100024773801
11/18/03--01015--006 **158.75
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)

KIDS AUTHORITY, INC

2742 BISCAYNE BLVD

MIAMI, FL 33137

NOV 14 2003
12:11 PM

November 14, 2003

Florida Department of State
Glenda E. Hood-Secretary of State
P.O.BOX 1500
Tallahassee, FL 32302-1500

Re: DOCUMENT P02000060919
KIDS AUTHORITY, INC

Enclosed please find check in the amount of \$158.75 for the year 2003 UNIFORM BUSINESS REPORT. We never received the original form. I apologize for the inconvenience this may have caused.

Sincerely,

Jose M. Chocron