

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91155 022 ***150.00

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

DOCUMENT # P02000124952
 1. Entity Name
A2Z 4 KIDS, INC



DO NOT WRITE IN THIS SPACE

11040778

2. Principal Place of Business
7240 KIMBERLY BLVD
 Suite, Apt. #, etc.

3. Mailing Address
4746 NW 72nd PLACE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH LAUDERDALE, FL

City & State
COCONUT CREEK, FL

4. FEI Number
06-1662104

Applied For
 Not Applicable

Zip
33068

Country
USA

Zip
33073

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
SANDEEP PANDHARE

Street Address (P.O. Box Number is Not Acceptable)
4746 NW 72nd Place

City
Coconut Creek **FL** Zip Code
33073

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 S. Pandhare (SANDEEP PANDHARE) DATE 04/29/03

Signature, typed or printed name of registered agent and their address. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT SANDEEP PANDHARE 4746 NW 72nd Place Coconut Creek, FL-33073</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary Beena Pandhare - same as above</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Treasurer Beena Pandhare same as above</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: S. Pandhare DATE 04/29/03 DAYTIME PHONE # 954-336-7269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)