2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

MIAMI FL 33147

F 11-14

3015 NW 79TH STREET

P92000001644 DOCUMENT # 1. Entity Name

HI KIDS, INC.

Principal Place of Business

3015 NW 79TH STREET

F 11-14

MIAMI FL 33147



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90669 046 ***150.00

| 10001900 |
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| ☐ CHECK HERE IF MAKING CHANGES |
| 4. FEI Number 65-0369036 Applied For Not Applicable |
| 5. Certificate of Status Desired Sta |
| 7. Name and Address of New Registered Agent . CO. Box Number is Not Acceptable) |
| FL Zip Code d agent, or both, in the State of Florida. I am familiar with, and accept |
| 9. Election Campaign Financing Trust Fund Contribution. Added to Fees |
| ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| |

| 2. Principal | Place of Busin | ness | 3. Mai | 3. Mailing Address | | | | | | | | |
|------------------------------------|------------------------------|---------------------------------------------|------------------------|---------------------|----------------|----------------------------------------------------|--------------------------|------------------------------------------------------------|-------|----------------|------------------------------|--|
| Suite, Ap | t. #, etc. | Suite | Suite, Apt. #, etc. | | | | | | | | | |
| | · | · | | Suite, Apr. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & Sta | ate | | City | City & State | | | 4. FEI Number 65-0369036 | | | | pplied For ot Applicable | |
| Zip Country | | | Zip | | Coun | Country | | 5. Certificate of Status Desired See Required Fee Required | | | | |
| | 6. Name | and Address of Curre | ent Registere | d Agent | ent | | | 7. Name and Address of New Registered Agent | | | | |
| CHUN, BOK S 3015 NW 79TH STREET | | | | | | Name | Name . | | | | | |
| | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| F 11-14 | ISIN SINE | Ç.I | | | | | | | | | | |
| MIAMI FL | 33147 | ``` | | | i | | | _ | | | | |
| MIMMITE | 33147 | | | | | City | | F | Z | ip Cod | e | |
| 8. The above | e named entity | submits this statemen | t for the purpo | ose of changing its | registere | ed office or reg | istered ag | gent, or both, in the State of Florida. I a | | r with. | and accept | |
| the obliga | tions of regist | ered agent. | | | | | _ | | | , | ана досор, | |
| SIGNATURE | | | | | | | | | | | | |
| | Signature, typed | or printed name of registered ag | ent and title if appli | icable. (NO) | E: Registered | Agent signature red | quired when re | einstating) DATE | | | | |
| | | ! FEE IS \$150.00 | • | | | | | O Floring Course F | • | | _ | |
| Afte Make Check | r May 1, 200 k Pavable to | 3 Fee will be \$550.0 Florida Department | 10 | | | | | Section Campaign Financing Trust Fund Contribution. | | \$5.0 Added | 0 May Be I to Fees | |
| 10. | . Tuyablo to | OFFICERS AN | والرزاء وتخرست استحد | 20 | | | | | | | | |
| TITLE | PD | OTTICERS AI | NO DIRECTOR | Delete | 11. | | AD | DITIONS/CHANGES TO OFFICERS A | | | | |
| NAME | CHUN, BO | BS | | Delete | NAME | | | | ☐ CI | nange | Addition | |
| STREET ADDRESS | 13801 NW | | | | STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | PEMBROKE | PINES FL 33028 | · | | CITY- | ST-ZIP | | | | | | |
| TITLE NAME | | | | ☐ Delete TIT | | | | | ☐ CI | iange | ☐ Addition | |
| STREET ADDRESS | | | | | NAME | - 1 | | | | | | |
| CITY-ST-ZIP | | | | | | T ADDRESS ST-ZIP | | | | | | |
| TITLE | | | | □ Delete | TITLE | | | ** | П cь | | Addition | |
| NAME | ! | | | 23 5000 | NAME | | | | ☐ Ch | ange | ☐ Addition | |
| STREET ADDRESS | | | | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | . | | CITY- | ST-ZIP | | | | | | |
| NAME | | | | | — F-HTLE- | | | | — | ange — | Addition | |
| STREET ADDRESS | | | | | NAME STREET | T ADDRESS | | | | | İ | |
| CITY-ST-ZIP | | | | | CITY-S | ľ | | | | | | |
| TITLE | | 77 | | ☐ Delete | TITLE | | · - | · · · · · · · · · · · · · · · · · · · | Ch | | Addition | |
| NAME | | | | | NAME | | | | 011 | angu | Additivii | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | .] | |
| CITY-ST-ZIP | <u> </u> | | | | City-9 | T-ZIP | | ν <u>.</u> | | | | |
| TITLE NAME | | | | ☐ Delete | TITLE | | | | ☐ Cha | ınge | Addition | |
| STREET ADDRESS | | - | | | NAME STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | CITY-S | | | • | | | | |
| 12. Lhereby c | ertify that the | information cumplied wi | th this filing d | oon not suglify for | the access | | 0 | | | | | |

inereoy 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: ✓

GNALUREONEOUTH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-03 305-836-0068

Date Dayline Phone #