

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 12, 2001 8:00 am**
Secretary of State

02-12-2001 90226 038 ***150.00

DOCUMENT # P93000009099**1. Entity Name**
KIDOV CORP.**Principal Place of Business****1111 LINCOLN RD**
SUITE 500
MIAMI BEACH FL 33139**Mailing Address****2601 COLLINS AVENUE**
MIAMI BEACH FL 33140**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address**100 Lincoln RD**

Suite, Apt. #, etc.

Apt 1045

City & State

Miami Beach, FL 33139

Zip

Country

4. FEI Number 65-0393956

Applied For

Not Applicable

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****DOMINGUEZ, CARLOS**
2601 COLLINS AVE.
MIAMI BEACH FL 33140**Name**
Carlos Dominguez

Street Address (P.O. Box Number is Not Acceptable)

100 LINCOLN Rd Apt 1045**City**
Miami Beach**FL****Zip Code**
33139**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	DOMINGUEZ, CARLOS V	2601 COLLINS AVE MIAMI BEACH FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition	P	Carlos Dominguez	100 Lincoln Rd Apt 1045 Miami Beach, FL 33139
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 employees.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)