

FILED

May 23, 2001 8:00 am  
Secretary of State

05-04-2001 90023 013 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011374

1. Entity Name

FOR KIDS SAKE ACADEMY, INC.

Principal Place of Business

9020 SW 137TH AVE  
MIAMI FL 33186

Mailing Address

9020 SW 137TH AVE  
MIAMI FL 33186

2. Principal Place of Business

11155 SW 112TH AVE

Suite, Apt. #, etc.

3. Mailing Address

11155 SW 112TH AVE

Suite, Apt. #, etc.

City &amp; State

MIAMI FL

City &amp; State

MIAMI FLORIDA

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number 65-0388445

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SAMAROO, JAMES  
9020 SW 137TH AVE  
MIAMI FL 33186

7. Name and Address of New Registered Agent

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

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SAMAROO, JAMES	
STREET ADDRESS	9020 SW 137TH AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SAMAROO, MAXIMINA	
STREET ADDRESS	9020 SW 137 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES SAMAROO	
STREET ADDRESS	11155 SW 112TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VICE - PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERARD SAMAROO	
STREET ADDRESS	12990 N. CAUSA CLUB DR	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA SAMAROO	
STREET ADDRESS	12990 N. CAUSA CLUB DR	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/01

Date

305 598 9595

Daytime Phone #

FOR KIDS SAKE ACADEMY

CR2E034 (10/00)