

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90069 042 ***150.00

DOCUMENT # p94000000903

1. Entity Name

KIDS HOUSE CHILDREN WEAR, INC.

Principal Place of Business

Mailing Address

2098 NW 20TH STREET
 MIAMI FL 33142

8502 NW 198TH TERR
 MIAMI, FL 33015

957109

2. Principal Place of Business

3. Mailing Address

8502 NW 198TH TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLORIDA

4. FEI Number

65-0457982

Applied For

Not Applicable

Zip

Country

Zip

Country

33015

MIAMI-DADE

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

JOSE G. TORRES
 8502 NW 198TH TERR
 MIAMI, FL 33015

Name
 JOSE G. TORRES

Street Address (P.O. Box Number is Not Acceptable)
 8502 NW 198TH TERR

City
 MIAMI

FL

Zip Code
 33015

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)

05/01/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME JAIME GUTIERREZ
 STREET ADDRESS 9858 SW 2ND STREET
 CITY - ST - ZIP MIAMI, FL 33174

TITLE VP ☐ Delete
 NAME ILEANA GUTIERREZ
 STREET ADDRESS 9858 SW 2ND STREET
 CITY - ST - ZIP MIAMI, FL 33174

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME GUTIERREZ

05/01/00 305-636-4514

Date

Daytime Phone #