

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90055 019 \*\*\*150.00

DOCUMENT # P94000000903:

1. Entity Name  
**KID'S HOUSE CHILDREN WEAR INC**

Principal Place of Business  
**2098 NW 20 ST**  
**MIAMI FL 33142**

Mailing Address

2. Principal Place of Business  
**2098 N**

3. Mailing Address  
**8502 NW 198 TER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-0457982**

Applied For  
Not Applicable

Zip  
**33142**

Country

Zip  
**33015**

Country

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

**Jaime - GUTIERREZ**  
**9858 SW 2 ST**  
**MIAMI FL 33174**

Name **JAIME GUTIERREZ**

Street Address (P.O. Box Number is Not Acceptable)  
**9858 SW 2 ST**

City **MIAMI** FL Zip Code **33174**

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)

**04-30-01**

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D.** ☐ Delete  
NAME **JAIME GUTIERREZ**  
STREET ADDRESS **9858 SW 2 ST**  
CITY-ST-ZIP **MIAMI FL 33174**

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

TITLE **V.D.** ☐ Delete  
NAME **ILEANA GUTIERREZ**  
STREET ADDRESS **9858 SW 2 ST**  
CITY-ST-ZIP **MIAMI FL 33174**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**04-30-01 305-635-9400**

Date

Daytime Phone #

CR2E034 (11/00)