

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-12-2001 90427 048 ***150.00

DOCUMENT # P94000026212

1. Entity Name

MY CHILDRENS STORE, INC.

Principal Place of Business

Mailing Address

7435 W 14 AVE
 HIALEAH FL 33014

7435 W 14 AVE
 HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0486439**

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

CORTES, Absalon A.
 7435 W 14 AVE
 HIALEAH FL 33014
President

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> Delete
NAME	CORTES, Absalon A.
STREET ADDRESS	7435 W 14 AVE
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	<input checked="" type="checkbox"/> Delete
NAME	CORTES, Absalon Jr.
STREET ADDRESS	7435 W 14 AVE
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	<input type="checkbox"/> Delete
NAME	CORTES, LAURA <i>Director</i>
STREET ADDRESS	7435 W 14 AVE
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	<input type="checkbox"/> Delete
NAME	Cortes, Absalon Jr.
STREET ADDRESS	7435 W 14 AVE Hialeah
CITY-ST-ZIP	FL, 33014
TITLE	<input type="checkbox"/> Delete
NAME	Cortes, Guiselle A.
STREET ADDRESS	7435 W 14 AVE Hialeah
CITY-ST-ZIP	FL, 33014
TITLE	<input type="checkbox"/> Delete
NAME	Director
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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

Date

Daytime Phone #

CR2E034 (10/00)