

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044992

1. Entity Name

CANDY KIDS CORP.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90382 046 ***150.00

Principal Place of Business

Mailing Address

AVENTURA MALL/ROOM 145
19575 BISCAYNE BLVD.
MIAMI FL 33180

AVENTURA MALL/ROOM 145
19575 BISCAYNE BLVD.
MIAMI FL 33180-2325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0591436**

Applied For

Not Applied For

Zip

Country

Zip

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

ROBBINS, MARJORIE F
1090 KANE CONCOURSE, SUITE 202
BAY HARBOR ISLAND FL 33154

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BLAIR, EDWARD
10410 NW 12 PLACE
PLANATATION FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
BLAIR, JERROLD
11111 BISCAYNE BLVD #1457
NORTH MIAMI BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FURMAN, ROSS
11111 BISCAYNE BLVD #1457
NORTH MIAMI BEACH FL ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

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CITY-ST-ZIP
☐ Change ☐

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, 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

2/2/2000 954-346-8
Date Daytime Phone #