

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046535

1. Entity Name

BABY VILLAGE, INC.

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

04-24-2000 90107 024 ***150.00

Principal Place of Business

Mailing Address

4258 U.S. 98 NORTH
LAKELAND FL 33809

4258 U.S. 98 NORTH
LAKELAND FL 33809

2. Principal Place of Business

3825 DALE MABRY S.

3. Mailing Address

3825 DALE MABRY S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33611

Country

Zip

33611

Country

4. FEI Number

59-3329276

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

TORRE, JORGE J
4258 U.S. 98 NORTH
LAKELAND FL 33809

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 PS ☐ Delete
NAME TORRE, JORGE J
STREET ADDRESS 3222 STONEWATER DR.
CITY-ST-ZIP LAKELAND FL 33803

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☐ Change ☒ Addition
NAME ORTEGA, ENELIO
STREET ADDRESS 521 SUMMIT ST
CITY-ST-ZIP ENGLEWOOD CLIFF NJ 07632

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME MARTINEZ, EDILBERTO
STREET ADDRESS 7 OVERLOOK BLUFF
CITY-ST-ZIP MARLBORO NY 12542

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME TORRE, JORGE H
STREET ADDRESS 2-B-38 ALTURAS FLAMBOYAN
CITY-ST-ZIP BAYAMON PR 00959

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

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

Date

Daytime Phone #

4/17/00 813 831 5929

CR2E034 (9/99)