

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90179 002 \*\*\*150.00  
 09-03-2002 90179 001 \*\*\*400.00

**DOCUMENT # P95000046535**

**1. Entity Name**  
**BABY VILLAGE, INC.**

**Principal Place of Business**

**3825 DALE MABRY S**  
**TAMPA FL 33611**

**Mailing Address**

**3825 DALE MABRY S**  
**TAMPA FL 33611**

**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** **59-3329276**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**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

**JORGE J. TORRE**

Street Address (P.O. Box Number is Not Acceptable)

**3825 DALE MABRY SOUTH**

City

**TAMPA**

**FL**

Zip Code **33611**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]* **JORGE J. TORRE, PRESIDENT** **7/1/02**  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **VPT** ☐ Delete  
**NAME** **ORTEGA, ENELIO**  
**STREET ADDRESS** **521 SUMMIT STREET**  
**CITY-ST-ZIP** **ENGLEWOOD CLIFFS NJ 07632**

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

**TITLE** **D** ☐ Delete  
**NAME** **MARTINEZ, EDILBERTO**  
**STREET ADDRESS** **7 OVERLOOK BLUFF**  
**CITY-ST-ZIP** **MARLBORO NY 12542**

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

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

**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**

**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]* **7/1/02** **(813) 831-9929**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment P95000046535  
98769 Payer

**BABY VILLAGE & KIDS ROOMS**

3825 S. DALE MABRY  
TAMPA, FLORIDA 33611

July 1, 2002

To:

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. BOX 1500  
Tallahassee, Florida 32302-1500

From:

Baby Village, Inc.  
3825 S. Dale Mabry  
Tampa, Florida 33611-1405

To Whom It May Concern:

Our company, Baby Village, Inc., has been in business for seven years. In those seven years we have not missed the May 1<sup>st</sup> deadline. This year the deadline has past and our payment and form did not go out. The reason for this happening is the misplacement of the form and traveling out of the country. We noticed that we missed the deadline on receiving your second notice for the September deadline. We ask that the \$400.00 late fee be waived in the good faith that it was an honest mistake. If you have any questions please feel free to contact Jorge Torre at (813) 831 - 5929 during the hours of 10am - 6 pm.

Your consideration for this matter would be greatly appreciated.

Sincerely,

  
Jorge J. Torre  
Baby Village, INC.