

2001.UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90287 041 ***158.75

0216600

DOCUMENT # P95000091408

1. Entity Name
THE KID MOVER, INC.

Principal Place of Business

Mailing Address

**8442 S.W. 102 COURT
 MIAMI FL 33173**

**8442 S.W. 102 COURT
 MIAMI FL 33173**

3 2 1 0 0

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7260 S.W 166 ST.

7260 S.W 166 ST

City & State

City & State

MIAMI, FLA.

MIAMI, FLA

Zip

Country

Zip

Country

33157

DADE

33157

DADE

4. FEI Number **65-0631531**

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

**VERSTER, MARTYN
 10691 N. KENDALL DR. #205
 MIAMI FL 33176**

Name

CAMILO RONDEROS

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

7260 S.W 166 ST

City

MIAMI

FL

Zip Code

33157

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

02/26/01

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	PVTD	<input checked="" type="checkbox"/> Delete
NAME	BETANCOURT, NETTE	
STREET ADDRESS	8442 S.W. 102 COURT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LIZBET, ALFARO	
STREET ADDRESS	8442 SW 102 CT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMILO RONDEROS	
STREET ADDRESS	7260 S.W 166 ST.	
CITY-ST-ZIP	MIAMI, FLA, 33157	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICARDO RONDEROS	
STREET ADDRESS	13515 N.E 22 CT	
CITY-ST-ZIP	N. MIAMI, FL, 33181	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOLANDA P. CAMPO	
STREET ADDRESS	7260 S.W 166 ST	
CITY-ST-ZIP	MIAMI, FL, 33157	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARITA RONDEROS	
STREET ADDRESS	13515 N.E 22 CT	
CITY-ST-ZIP	N. MIAMI, FL, 33181	
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/01

Date

(305) 595-5437

Daytime Phone #

CR2E034 (10/00)