

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90072 009 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000091408** ✓

1. Entity Name **THE KIDMOVER INC.**

659840

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15750 SW 92 AVE.

Suite, Apt. #, etc.
#29

City & State
MIAMI, FL.

3. Mailing Address
15750 SW 92 AVE.

Suite, Apt. #, etc.
#29

City & State
MIAMI, FL

4. FEI Number
65-0631531

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip **33157** Country **DADE** Zip **33157** Country **DADE**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CAMILLO RONDEROS**

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

16401 SW 82 AVE

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's signature required when reinstating)

DATE

04/29/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CAMILLO RONDEROS
16401 SW 82 AVE
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RICARDO RONDEROS
13515 N.E. 22 CT
N. MIAMI, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
YOLANDA P. CAMPO
16401 SW 82 AVE
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CAMILLO RONDEROS
16401 SW. 82 AVE
MIAMI, FL 33157**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2002 (786) 295-4334

Date

Daytime Phone #

CR2E034B (12/01)