

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011645

1. Entity Name

BABY'S AND KIDS INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90041 028 ***150.00

Principal Place of Business

5402 N.W. 72ND AVE.
MIAMI FL 33166
US

Mailing Address

5402 N.W. 72ND AVE.
MIAMI FL 33166-4224
US

2. Principal Place of Business

690 LONE PINE LN

Suite, Apt. #, etc.

3. Mailing Address

690 LONE PINE LN

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

Zip

33327-1201

Country

USA

City & State

WESTON, FLORIDA

Zip

33327-1201

Country

USA

4. FEI Number

65-0643273

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

ROSALES COHEN ARIEH
5402 N.W. 72ND AVE.
MIAMI FL 33166

Name

ARIE ROSALES COHEN

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

690 LONE PINE LN

City

WESTON, FLORIDA 33327 FL

Zip Code

33327

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
	D COHEN, ARIEH R	1045 CEDAR FALLS DR.	FT. LAUDERDALE FL 33327	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D COHEN, ARIEH R.	690 LONE PINE LN	WESTON, FLORIDA 33327-1201		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 (301) 592 3333

Date

Daytime Phone #

CR2E034 (9/99)