

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032353

1. Entity Name

SUPER KIDS II, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90248 034 \*\*\*150.00

Principal Place of Business  
 1378 SOUTHWEST 160 AVENUE  
 BAY #5  
 WESTON FL 33414  
 US

Mailing Address  
 1378 SOUTHWEST 160TH AVENUE. BAY E5  
 SUNRISE FL 33326-1908

2. Principal Place of Business  
 1380 SW 160 Av.  
 Suite, Apt. #, etc.

3. Mailing Address  
 1380 SW 160 Av.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 SUNRISE FL

City & State  
 SUNRISE FL

4. FEI Number 65-0703137

Applied For  
 Not Applicable

Zip 33326 Country US

Zip 33326 Country US

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

GOLDBERG, MARK H  
 10000 STIRLING ROAD, SUITE 1  
 COOPER CITY FL 33024

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD REISFELD, PETER 12031 NW 27 ST PLANTATION FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILBERMAN, ARTHUR S 609 VERONA PL FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILBERMAN, ARTHUR S. 609 VERONA PL. WESTON FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.

SIGNATURE:

*Arthur Silbermann* Vice Pres.

Date

Daytime Phone #

4/29/00 954-349-1970

CR2E034 (9/99)