

2000 UNIFORM BUSINESS REPORT (BR)

DOCUMENT #

1. Entity Name

Kiddie Konnection Manufacturing, Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1107
City & State

1107
City & State
BAL HARBOUR, FL

Zip

Country

Zip

Country

33154

USA

4. FEI Number

68-0320540

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

Name

REGI RAY

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

10295 COLLINS AVE

Suite 1107

City

BAL HARBOUR

FL

Zip Code

33154

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

REGI RAY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/29/2000

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 PRESIDENT
NAME REGI RAY
STREET ADDRESS 10295 COLLINS AVE SUITE 1107
CITY-ST-ZIP BAL HARBOUR, FL 33154

☐ Delete

TITLE SECRETARY-TREASURER
NAME LYDIA FORREST
STREET ADDRESS 8310 S.W. 44th CT
CITY-ST-ZIP DAVIDE, FL 33328

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGI RAY

4/29/2000 305-861-5300

Date

Daytime Phone #

CR2E034 (9/99)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90124 009 ***150.00

652219

DO NOT WRITE IN THIS SPACE