

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045125

1. Entity Name
MY BABY AND ME EXERCISE, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90511 010 ***150.00

Principal Place of Business

2645 RAMPART WAY NORTH
COOPER CITY FL 33026

Mailing Address

~~644 SE 4TH AVE~~
~~FT LAUDERDALE FL 33026~~
~~US~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

644 S.E. 4th Avenue

Suite, Apt. #, etc.

City & State

City & State

FORT LAUDERDALE, FL

4. FEI Number 65-0679794

Applied For

Not Applicable

Zip

Country

Zip

Country

33301

USA

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

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

City

FL

Zip Code

GOLDEN, E S
644 SOUTHEAST FOURTH AVENUE
FORT LAUDERDALE FL 33301

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$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	PSTD BECKER, CORINNE L 2645 RAMPART WAY NORTH COOPER CITY FL	<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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Corinne L. Becker (CORINNE L. BECKER) 2/26/01 (954) 433-1407

CR2E034 (10/00)