

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90132 035 ***150.00

DOCUMENT # P96000055080

1. Entity Name

MIAMI KIDS ENTERTAINMENT SHOWS, INC.

Principal Place of Business

201 S BISCAYNE BLVD
1700
MIAMI FL 33131
US

Mailing Address

201 S BISCAYNE BLVD
1700
MIAMI FL 33131
US

2. Principal Place of Business

13721 SW 108 St.

Suite, Apt. #, etc.

3. Mailing Address

13721 SW 108 St.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

65-0699984

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

MIAMI CENTER REGISTERED AGENTS INC
201 S BISCAYNE BLVD
STE 1700
MIAMI FL 33131

Name

Roxana VIDAL

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

13721 S.W. 108 Street

City

Miami

FL

Zip Code

33186

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

Roxana Vidal

Roxana VIDAL / President

4/13/01

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS VIDAL, ROXANA
CITY-ST-ZIP 201 S BISCAYNE BLVD #1901
MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS VIDAL, Roxana
CITY-ST-ZIP 13721 SW 108 St.
Miami, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Roxana Vidal

Roxana VIDAL

4/13/01

305-3808525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)