

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000061998**

1. Entity Name

KIDS I.D. INC.

Principal Place of Business

**5251 NW 170 TERR
MIAMI FL 33055**

Mailing Address

**5251 NW 170 TERR
MIAMI FL 33055**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, ANABELL
5251 NW 170 TERR
MIAMI FL 33055**

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

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

TITLE **PD** ☐ Delete
NAME **TORRES, LUZ**
STREET ADDRESS **5381 NW 170 TERR**
CITY-ST-ZIP **MIAMI FL 33055**TITLE **VSTD** ☐ Delete
NAME **RODRIGUEZ, ANABELL**
STREET ADDRESS **5251 NW 170 TERR**
CITY-ST-ZIP **MIAMI FL 33055**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-12-2001 90216 045 ***150.00

29096

DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)

Attachment Doc # P96000601998

2996



2000 Annual Resale Certificate

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2000.

Business Name and Location Address

KIDS I.D. INC
5251 NW 170TH TER
OPA LOCKA FL 33055-4059

DR-13
N. 01/00

Registration Effective Date

DECEMBER 20, 1996

Certificate Number

23-00-464258-48-6

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased after the above Registration Effective Date by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as real property.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active dealer or its authorized employees. Misuse of this Annual Resale Certificate will subject the user to penalties as provided by law.

- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

Presented to:

(Insert name of seller on photocopy)

(date)

Presented by:

Michael Rodriguez

Authorized Signature (Purchaser)

(date)

THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE

