

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90192 031 \*\*\*150.00

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

723 Meyer Drive

723 Meyer Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Naples, FL

City & State  
Naples, FL

4. FEI Number 65-0679899

Applied For  
Not Applicable

Zip Country  
34120 USA

Zip Country  
34120 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

RODRIGUEZ, ANABELL  
5251 NW 170 TERR  
MIAMI FL 33055

Name

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

723 Meyer Dr.

City

Naples

FL

Zip Code

34120

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ana Rodriguez*

(NOTE: Registered Agent signature required when reinstating)

2/4/03

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME TORRES, LUZ  
STREET ADDRESS 5361 NW 170 TERR  
CITY-ST-ZIP MIAMI FL 33055 ☐ Delete

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

TITLE VSTD  
NAME RODRIGUEZ, ANABELL  
STREET ADDRESS 5251 NW 170 TERR  
CITY-ST-ZIP MIAMI FL 33055 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ana Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

239-348-8884

DATE

Daytime Phone #

CR2E034 (10/02)