

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-14-2002 90350 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078717 ✓

1. Entity Name

WONDER KIDS INC**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1512 E. ATLANTIC BLVD

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPAUNO Bch Florida

City & State

4. FEI Number

Applied For

Not Applicable

Zip

33060

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

FIDUCIARY TRIPLE CHECK

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

6033 NW 31st Ave

City

FT. LAUDERDALE

FL

Zip Code

33309**DO NOT WRITE
IN THIS SPACE**

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

Ken Schuch

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

(NOTE: Registered Agent signature required when reinstating)

6/13/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP | <u>DORA QUESADA (PRESIDENT)</u> <u>1512 E. ATLANTIC BLVD.</u> <u>POMPAUNO Bch. FL 33060</u> |
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT4/27/02 (354) 941-3467

D310

Daytime Phone #

CR2E034B (12/01)