

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90184 007 ***150.00

DOCUMENT # **P960000 84049**

1. Entity Name

KIDESIGN, INC.

DO NOT WRITE IN THIS SPACE

B0128174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3696 N. Federal Hwy

3. Mailing Address
3696 N. Federal Hwy.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number **65-0712203**

Applied For

Not Applicable

Zip
33308

Country
USA

Zip
33308

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Marci W. Danzansky

Street Address (P.O. Box Number is Not Acceptable)
3696 N. Federal Hwy.

Suite 101

City

Ft. Lauderdale, FL

FL

Zip Code
33308

**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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

MARCI DANZANSKY

7/2/02
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	PD Danzansky, Marci W. 3696 N. Federal Hwy, Suite 101 Ft. Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See change on left
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Danzansky, Bernard K. 3696 N. Federal Hwy, Suite 101 Ft. Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Kahan, Abbie 19565 Black Olive Lane Boca Raton, FL 33498	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kahan, David 19565 Black Olive Lane Boca Raton, FL 33498	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD DANZANSKY

Date

7/1/02

Daytime Phone #

561 8930718

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

796000084049

1. Entity Name

KIDESIGN, INC.

Attachment
B0128174

Principal Place of Business

Mailing Address

3696 N FEDERAL HWY
SUITE 101

FORT LAUDERDALE, FL 33308

3696 N FEDERAL HWY
SUITE 101

FORT LAUDERDALE, FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

DANZANSKY, MARCI W
3696 N FEDERAL HWY SUITE 101
FORT LAUDERDALE, FL 33308

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)

☐

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	DANZANSKY, MARCI W	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3696 N FEDERAL HWY SUITE 101		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		
STD	DANZANSKY, BERNARD K	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3696 N FEDERAL HWY SUITE 101		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		
DVP	KAHAN, ABBIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	19565 BLACK OLIVE LANE		
CITY-ST-ZIP	BOCA RATON, FL 33498		
D	DAVID KAHAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	19565 BLACK OLIVE LANE		
CITY-ST-ZIP	BOCA RATON, FL 33498		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<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)(f), 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 #

BARNES DANZANSKY 4/30/01

5618930718

CR2E034 (11/00)

B0128174

Kidesign, Inc.
3696 N. Federal Hwy, Suite 101
Ft. Lauderdale, FL 33308

July 2, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE-~~PH~~ P 96000084049
FEI # 65-0712203

Dear Sir or Madam:

Enclosed please find UBR Report for 2002 and our check in the amount of \$150. After checking our files, it was noticed that we never received a report for Kidesign, Inc.

For the year 2001, a report was filed indicating the address change (see copy enclosed). However, after checking on line, we noticed that you still have the old address in your system. The 2002 report must have gone to our previous address.

In view of this, it would be appreciated if you could waive the penalty for late filing since we changed the address when the 2001 report was filed. If you have any questions, please contact me at 954-568-6125 Ext. 203.

Sincerely,



Lois Weiss
Controller

Enc.