

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097172

1. Entity Name

BABY PACK, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90240 018 \*\*\*158.75

Principal Place of Business

Mailing Address

3510 S.W. 8 STREET  
MIAMI FL 33135

3510 S.W. 8 STREET  
MIAMI FL 33135-4110

2. Principal Place of Business

3. Mailing Address

1876 SW 11 Tr  
Suite, Apt. #, etc.  
Suite - 204

P.O. Box, 441702  
Suite, Apt. #, etc.

City & State  
Miami, Fla.

City & State  
Miami, Fla.

4. FEI Number 65-0709864

Applied For  
Not Applicable

Zip  
33135

Country

Zip  
33144-702

Country

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

VALDES, ARMADIS  
3510 S.W. 8 STREET  
MIAMI FL 33135

Name Valdes, Armadis  
Street Address (P.O. Box Number is Not Acceptable)  
1876 SW 11 Terra  
Miami, Fla.  
City FL Zip Code 33135

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 Armadis Valdés

Armadis Valdés

01-10-2000.

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, 2000 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 PVST  
NAME VALDES, ARMADIS  
STREET ADDRESS 7171 SW 6TH STREET  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE D  
NAME VALDES, ARMADIS  
STREET ADDRESS 7171 SW 6TH STREET  
CITY-ST-ZIP MIAMI FL ☐ 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

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

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: Armadis Valdés  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-2000 (305) 798-2986.  
Date Daytime Phone #

CR2E034 (9/99)