## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # P9700056879 Aug 09, 2000 8:00 am Secretary of State BABY AB, INC. 08-09-2000 90076 033 \*\*\*150.00 Principal Place of Business Mailing Address 5840 SUNSET DRIVE 5840 SUNSET DRIVE **MIAMI FL 33143** MIAMI FL 33143 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0763791 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZUMPANO, JOSEPH I ESQ. Street Address (P.O. Box Number is Not Acceptable) 830 CREMONS AVE. CORAL GABLES FL 33146 Zin 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Presidentl Director PT Delete TITLE TITLE REYES, RAFAEL NAME NAME 45set Canto STREET ADDRESS STREET ADDRESS **5840 SUNSET DRIVE** 5940 Sunset Dr., Miami, PL 33143 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 Director / Treasurer / V-P VPS. ☐ Delete TITLE Chrace Escalona 5840 Sunset Dr. S. Miomi, Fl 33143 NAME ABRIL, ALEX NAME STREET ADDRESS **5840 SUNSET DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [ ] Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

AHachment p# 9700056879 DW 77541

August 7, 2000

## **REGULAR MAIL**

Baby AB, Inc. 5840 Sunset Dr. S. Miami, Florida 33143

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302

RE: Document Number: P97000056879

Dear Sir or Madam,

Please be advised that as per your instructions we are enclosing a check in the amount of \$150.00. We initially did not receive the annual business report for the above mentioned corporation. We had to request many many times via the recording with the Division of Corporations.

Please consider this timely as we had to wait a long time for a blank one.

Should you have any questions, you may contact me at (305) 661-0978.

Grace Escalona

Sincerely.