

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90020 024 \*\*\*150.00

**DOCUMENT # P97000061954**

1. Entity Name  
**HIP HOP KIDZ, INC.**

Principal Place of Business

**7800 S.W. 133RD ST.  
MIAMI FL 33156**

Mailing Address

**7800 S.W. 133RD ST.  
MIAMI FL 33156**

2. Principal Place of Business

**12651 S. Dixie Highway**

3. Mailing Address

**12651 S. Dixie Highway**

Suite, Apt. #, etc.

**# 404**

Suite, Apt. #, etc.

**# 404**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33156**

Country

**USA**

Zip

**33156**

Country

**USA**

4. FEI Number **65-0791292**

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

**CARLSON, ROBERT E  
15600 S.W. 288 ST. STE. 305  
HOMESTEAD FL 33033**

Name

**Michael L. Frederick, CPA**

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

**15600 SW 288 Street, Suite 305**

City

**Homestead**

**FL**

Zip Code

**33033**

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

*Michael L. Frederick*

**2/13/2001**

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, 2001 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 **D** ☐ Delete  
NAME **STONE, SUZANNE**  
STREET ADDRESS **7800 S.W. 133RD ST.**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **S** ☒ Delete  
NAME **RATIGAN, MICHAEL**  
STREET ADDRESS **7800 SW 133RD STREET**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition  
NAME **SUZANNE STONE**  
STREET ADDRESS **12651 S. Dixie Highway, # 404**  
CITY-ST-ZIP **Miami, FL 33156**

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 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

*Suzanne Stone*

**2/14/2001**

Date

**(305) 133-3555**

Daytime Phone #

CR2E034 (10/00)