

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
 05-12-2001 90059 049 \*\*\*150.00

**DOCUMENT # P97000080387**

1. Entity Name  
**AYMEE FOR KIDS, INC.**

Principal Place of Business  
**8505 MILLS DR., STE. G-111**  
**MIAMI FL 33183**

Mailing Address  
**8505 MILLS DR., STE. G-111**  
**MIAMI FL 33183**

2. Principal Place of Business  
**8505 MILLS DR STE G-111**  
 Suite, Apt. #, etc.  
**MIAMI FL**  
 City & State

3. Mailing Address  
**10505 SW 14307**  
 Suite, Apt. #, etc.  
**MIAMI FL**  
 City & State

Zip  
**33183**

Country

Zip

**33186**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0791165**

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**

**MARTINEZ, VONNELL**  
**8505 MILLS DR., STE. G-111**  
**MIAMI FL 33183**

Name **Martinez Vonnell**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10505 SW 14307 MIAMI FL**  
**33186**  
 City **MIAMI** **FL** Zip Code **33186**

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) ☐

**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 **DP** ☐ Delete  
 NAME **MARTINEZ, VONNELL**  
 STREET ADDRESS **15440 SW 82 LANE #501**  
 CITY-ST-ZIP **MIAMI FL 33193**

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

TITLE **ST** ☐ Delete  
 NAME **MARTINEZ, AYMEE**  
 STREET ADDRESS **15440 SW 82 LANE #501**  
 CITY-ST-ZIP **MIAMI FL 33193**

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

TITLE **VC** ☐ Delete  
 NAME **MARTINEZ, DEISELL**  
 STREET ADDRESS **10904 S.W. 146 PLACE**  
 CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **D** ☐ Delete  
 NAME **MARTINEZ, IGNACIO F**  
 STREET ADDRESS **15440 S.W. 82 LANE #501**  
 CITY-ST-ZIP **MIAMI FL 33193**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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

Date

Daytime Phone #

CR2E034 (10/00)