

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/25

**FILED**  
**Feb 23, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90256 007 \*\*\*150.00

**DOCUMENT # P97000081343**

1. Entity Name

**FLORIDA KIDS OF VERO BEACH, INCORPORATED**



Principal Place of Business

4895 N. HWY A1A  
 VERO BEACH FL 32963  
 US

Mailing Address

1771 S E CANORA RD  
 PORT ST LUCIE FL 34952  
 US

2. Principal Place of Business

**-4895 N. A1A**

Suite, Apt. #, etc.

3. Mailing Address

**1771-S-E-CANORA RD**

Suite, Apt. #, etc.

City & State

**VERO BEACH FL**

City & State

**PORT ST. LUCIE, FL**

4. FEI Number

**593-47-2216**

Applied For

Not Applicable

Zip

**32963**

Country

**U.S.A.**

Zip

**34952**

Country

**U.S.A.**

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**UPADHYAY, URM**  
**4855 N. HWY. A1A**  
**VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

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

*Urm Upadhyay*

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

**02-8-01**

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

TITLE **D** ☐ Delete  
 NAME **UPADHYAY, URM**  
 STREET ADDRESS **1771 SE CANORA RD.**  
 CITY-ST-ZIP **PT. ST. LUCIE FL 34952**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Urm Upadhyay* - **URM UPADHYAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**561-234-6886**

Daytime Phone #

CR2E034 (10/00)