

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003796

1. Entity Name

DOWNTOWN KIDS CLUB, CORPORATION

Principal Place of Business

2121 PONCE DE LEON BLVD. #940
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD. #940
CORAL GABLES FL 33134

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90278 025 ***158.75

146610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

255 Alhambra Circle
Suite, Apt. #, etc.
#520

3. Mailing Address

255 Alhambra Circle
Suite, Apt. #, etc.
#520

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0806527

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

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

WEBER, JAMES

1541 LUGO AVENUE

CORAL GABLES FL 33156

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

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

TITLE **D** ☐ Delete
NAME **WEBER, JAMES K**
STREET ADDRESS **1541 LUGO AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **P** ☐ Delete
NAME **WEBER, VERONICA B.**
STREET ADDRESS **1541 LUGO AVE**
CITY-ST-ZIP **CORAL GABLES, 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

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
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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 #

10 April 2001 305-444-1200

CR2E034 (10/00)