

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053673

1. Entity Name

KALEIDOSCOPE OF DAVIE, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90022 012 ***150.00

Principal Place of Business

5400 SOUTH UNIVERSITY DR.
SUITE 700
DAVIE FL 33328

Mailing Address

5400 SOUTH UNIVERSITY DR.
SUITE 700
DAVIE FL 33328

C0038839



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0859546

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATLANTIS REGISTERED AGENTS, INC.
2295 CORPORATE BLVD.
STE. 134
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name GERALD DAMSKY
Street Address (P.O. Box Number is Not Acceptable)
PO Kaleidoscope of Davie
5400 S. University Dr # 700
City DAVIE FL Zip Code 33328

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 NAME ☐ Delete
PD
DAMSKY, GERALD R
STREET ADDRESS 3640 YACHT CLUB DR APT 204
CITY-ST-ZIP AVENTURA FL 33180

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

GERALD DAMSKY

3/26/01

Date

954-434-4545

Daytime Phone #

CR2E034 (10/00)