

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90248 035 ***150.00

DOCUMENT # P98000058478

1. Entity Name

SUPER KIDS IV, INC.

Principal Place of Business

Mailing Address

1376 SW 160TH AVE.
 SUNRISE FL 33326

1376 SW 160TH AVE.
 SUNRISE FL 33326-1906

2. Principal Place of Business

1380 SW 160TH AVE

Suite, Apt. #, etc.

3. Mailing Address

1380 SW 160TH AVE.

Suite, Apt. #, etc.

City & State

SUNRISE FL 3

City & State

SUNRISE, FL

Zip

33326

Country

US

Zip

33326

Country

US

4. FEI Number

APPLIED FOR

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GOLDBERG, MARK H
 10000 STIRLING ROAD
 SUITE 1
 COOPER CITY FL 33024**

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

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, 2000 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 **SILBERMAN, ARTHUR**
 STREET ADDRESS **609 VERMONA PLACE**
 CITY-ST-ZIP **WESTON FL 33326**

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

TITLE **D** ☒ Delete
 NAME **REISFELD, PETER**
 STREET ADDRESS **820 NW 2 AV**
 CITY-ST-ZIP **PLANTATION FL 33325**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 (9/99)