2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2001 8:00 am DOCUMENT # **P98000063087 Secretary of State** ANNIE'S LITTLE ACHIEVERS, INC. 03-01-2001 90017 006 ***150.00 Principal Place of Business Mailing Address 640 S.W. 27TH AVENUE 1161 N.W. 19TH STREET FT. LAUDERDALE FL 33312 FORT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address 2/65 SW 166 TH AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State MIRAMAR, City & State 4. FEI Number Applied For 65-0853712 Not Applicable Zip Country Country BROWALL) \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AUSTIN. LEARTIS** Street Address (P.O. Box Number is Not Acceptable) 1161 NW 19TH STREET FT. LAUDERDALE FL 33311 City MIRAMAR Zip Code 33.027 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 2 (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Addition **AUSTIN, LEARTIS** NAME MAME 2165 SW 166 H AVENUE STREET ADDRESS 1161 NW 19TH STREET STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL 33311 CITY-ST-ZIE MIRAMAR, FL 33627 D TITLE ☐ Delete TITLE Change Addition AUSTIN, MILDRED NAME STREET ADDRESS 1161 NW 19TH STREET 2165 SW 166 TH AVENUE STREET ADDRESS CITY-ST-7IF FT. LAUDERDALE FL 33311 CITY-ST-7IP MIRAMAR, FL 33027 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME

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

STREET ADDRESS

CITY-\$T-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)