

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074459

1. Entity Name

FLORIDA KIDS #5 CORPORATION

Principal Place of Business

5446 N. BAY RD.
MIAMI BCH FL 33140

Mailing Address

PO BOX 402097
MIAMI BCH FL 33140

2. Principal Place of Business

3. Mailing Address

PO Box 402097

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

Country

Zip

Country

33140-2097

USA

4. FEI Number 65-0859758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLOTTMANN, SAUL
5446 N. BAY RD.
MIAMI BCH FL 33140

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, 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	P	☐ Delete
NAME	GLOTTMAN, SAUL	
STREET ADDRESS	5446 N. BAY DR	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	VPS	☐ Delete
NAME	GLOTTMAN, DALIA	
STREET ADDRESS	5446 N. BAY DR	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	VP	☐ Delete
NAME	GLOTTMAN, JACK	
STREET ADDRESS	5446 N. BAY DR	
CITY-ST-ZIP	MIAMI BCH FL 33140	
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	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAUL GLOTTMANN
President

Date

1-29-01 (305) 868-5131

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90108 040 ***150.00



DO NOT WRITE IN THIS SPACE

01/25/01

CR2E034 (10/00)