

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000094065**

1. Entity Name

BABETTE'S DOLLHOUSE, INCORPORATED**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90079 006 ***150.00

Principal Place of Business

Mailing Address

1450 MADRUGA AVENUE
SUITE 302
CORAL GABLES FL 331461450 MADRUGA AVENUE
SUITE 302
CORAL GABLES FL 33146-3164

2. Principal Place of Business

3. Mailing Address

20547 Old Cutler Rd.

20807 S.W. 85 PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#224

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0889697

Applied For

Not Applicable

Zip

33189

Country

Dade

Zip

33189

Country

Dade

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

BRADSHAW, BABETTE
20807 SW 85 PLACE
MIAMI FL 33189

Name

Allison R. Day, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Genovese Lichtman, et al.

100 S.E. 2nd Street, Suite 3600

City

Miami, FL

FL

Zip Code

33131

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 Allison R. Day

April 26, 2000

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 State10. 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 PTD ☐ Delete
NAME BRADSHAW, BABETTE
STREET ADDRESS 20807 S.W. 85TH PLACE
CITY-ST-ZIP MIAMI FL 33189TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPSD ☐ Delete
NAME BRADSHAW, KEVIN
STREET ADDRESS 20807 S.W. 85TH PLACE
CITY-ST-ZIP MIAMI FL 33189TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)