2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

DOCUMENT # **P99000007630** May 15, 2000 8:00 am Secretary of State 1. Entity Name GLOBAL KIDS, INC. 05-15-2000 90182 020 ***158.75 Mailing Address Principal Place of Business 101 SOUTHHALL LN., STE, 400 101 SOUTHHALL LN., STE. 400 MAITLAND FL 32751-7243 MAITLAND FL 32751 3. Mailing Address 2. Principal Place of Business illes Cir 924 Versailles Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32.7*5* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AZBEL, MARGARITA Street Address (P.O. Box Number is Not Acceptable) versailles 8612 VENEZIA DRIVE, #23110 ORLANDO FL 32810 Zip Code 32.75 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DIB **Addition** CR2E034 (9/99 □ Delete TITLE Margarita Azbel, AZBEL, MARGARITA NAME STREET ADDRESS STREET ADDRESS 8612 VENEZIA DR., # 23110 CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32810 Change ☐ Addition TITLE □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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)