

DOCUMENT # P99000007878

1. Entity Name

PAMPERED MOMENTS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-01-2000 90464 023 ***150.00

Principal Place of Business

Mailing Address

6104 MIRAMAR PARKWAY
MIRAMAR FL 330236104 MIRAMAR PARKWAY
MIRAMAR FL 33023-3940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65 0889597

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

BEVERLY KERR, Accountant

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

1705 NE 157 TERRACE

City

N. MIAMI BEACH

FL

Zip Code

33162

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 BEVERLY KERR, ACCOUNTANT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PSTD
 HALL, GWENDOLYN D
 6104 MIRAMAR PARKWAY
 MIRAMAR FL 33023

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

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: GWENDOLYN D. HALL, PRES/CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 962-3995

Date 7/26/00 Daytime Phone #

CR2E034 (9/99)