

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024009

1. Entity Name
Crybaby Inc

Principal Place of Business 6669 Biscayne Blvd
Miami FL 33138

Mailing Address 6669 Biscayne Blvd
Miami FL 33138

2. Principal Place of Business Miami FL
3. Mailing Address 6669 Biscayne Blvd

City & State Miami FL
City & State Miami FL

4. FEI Number 65-0902622

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Lori Narvaez
696 NE 71 Street
Miami FL 33138

7. Name and Address of New Registered Agent
Name: Marcy Kaplan
Street Address: 728 NE 67 Street
City: Miami FL Zip Code: 33138

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] **DATE** 10/14/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW WITH FEES \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President NAME: Marcy Kaplan STREET ADDRESS: 728 NE 67 Street CITY-ST-ZIP: Miami FL 33138	<input type="checkbox"/> Delete	TITLE: Vice President NAME: Marcy Kaplan STREET ADDRESS: 728 NE 67 ST CITY-ST-ZIP: Miami FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Vice President NAME: Lori Narvaez STREET ADDRESS: 696 NE 71 St. CITY-ST-ZIP: Miami FL 33138	<input checked="" type="checkbox"/> Delete	TITLE: Treasurer NAME: Marcy Kaplan STREET ADDRESS: 728 NE 67 ST CITY-ST-ZIP: Miami FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Secretary NAME: Marcy Kaplan STREET ADDRESS: 728 NE 67 St. CITY-ST-ZIP: Miami FL 33138	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Treasurer NAME: Lori Narvaez STREET ADDRESS: 696 NE 71 St. CITY-ST-ZIP: Miami FL 33138	<input checked="" type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] **DATE:** 10/14/01 **Daytime Phone #:**

FILED
01 OCT 22 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DO NOT WRITE IN THIS SPACE

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