## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 11, 2000 8:00 am DOCUMENT # **P99000035660** Secretary of State KIDDIE CARS, INC. 02-11-2000 90012 014 \*\*\*150.00 Principal Place of Business Mailing Address 21 SE 1ST AVE. SUITE 800 21 SE 1ST AVE. SUITE 800 MIAMI FL 33131-1017 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number Corporation City & State City & State Not Applicable Inactive @this time Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIENSTAG, MARK A Street Address (P.O. Box Number is Not Acceptable) 21 SE 1ST AVE, SUITE 800 **MIAMI FL 33131** Zip Code nging its registered office or registered agent, or both, in the State of Florida. 8. The above na SIGNATURE (NOTE: Registered Agent signature required when reinstating) LE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition ☐ Delete TITLE TITLE DIENSTAG, MARK A NAME NAME STREET ADDRESS STREET ADDRESS 21 SE 1ST AVE, SUITE 800 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** [7] Change Addition TITLE ☐ Defete 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-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accounts 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 its report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

PRINTED NAME OF SIGNING OFFICER

DIRECTOR

Davtime Phone #