

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039719

1. Entity Name

BABY HOLDING COMPANY

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

5840 SUNSET DRIVE  
MIAMI FL 33143

Mailing Address

5840 SUNSET DRIVE  
MIAMI FL 33143

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ZUMPARO, JOSEPH ESQ.  
830 CREMONA AVENUE  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Grace Escalona

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

2780 SW 37 Ave. #207

City

Miami

FL

Zip Code

33133

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

Grace Escalona

11/25/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS CANTO, YSSET  
CITY-ST-ZIP 5840 SUNSET DRIVE  
MIAMI FL 33143

TITLE ☒ Delete  
NAME D  
STREET ADDRESS ZUMPARO-CANTO, GRACE  
CITY-ST-ZIP 830 CREMONA AVENUE  
CORAL GABLES FL 33146

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Grace Escalona  
STREET ADDRESS 5840 Sunset Drive  
CITY-ST-ZIP Miami, FL 33143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

Grace Escalona

Director

11/25/00

Date

(305)461-3553

Daytime Phone #

CR2E034 (500)