

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050891

1. Entity Name
CHILDU, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90030 039 ***150.00

Principal Place of Business
316 NORTHEAST 4TH STREET
SUITE 200
FORT LAUDERDALE FL 33301

Mailing Address
316 NORTHEAST 4TH STREET
SUITE 200
FORT LAUDERDALE FL 33301

2. Principal Place of Business
2400 NORTH COMMERCE PARKWAY
Suite, Apt. #, etc.
SUITE 404

3. Mailing Address
2400 NORTH COMMERCE PARKWAY
Suite, Apt. #, etc.
SUITE 404

City & State
WESTON, FL

City & State
WESTON, FL

Zip
33326

Country
BROWARD

Zip
33326

Country
BROWARD

4. FEI Number 65-0924896

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.
250 EAST LAS OLAS BLVD.
SUITE 1600
FORT LAUDERDALE FL 33301

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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]* CEO/Pres 1/16/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
UDINE, SCOTT
316 NORTHEAST 4TH STREET
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
UDINE, SCOTT
2400 NORTH COMMERCE PARKWAY, SUITE 404
FORT LAUDERDALE, FL 33326 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
GOFFMAN, STUART
316 NORTHEAST 4TH STREET
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
GOFFMAN, STUART
2400 NORTH COMMERCE PARKWAY, SUITE 404
WESTON, FL 33326 ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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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: *[Signature]* CEO/Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01
Date

954.233.1001
Daytime Phone #

CR2E034 (10/00)