

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91767 026 ***150.00

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DOCUMENT # P99000050891

1. Entity Name
CHILDU, INC.



Principal Place of Business
**2400 NORTH COMMERCE PKWY
SUITE 404
WESTON FL 33326**

Mailing Address
**2400 NORTH COMMERCE PKWY
SUITE 404
WESTON FL 33326**



2. Principal Place of Business

3. Mailing Address

7878 N 16 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

City & State

PHOENIX, AZ

Zip

Country

Zip

Country

85020

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0924896**

Applied For

Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete
NAME **UDINE, SCOTT**
STREET ADDRESS **2400 NORTH COMMERCE PKWY STE 404**
CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **CHARLES L. LAUREY**
STREET ADDRESS **ONE ROCKEFELLER PLAZA**
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **VPSD** ☒ Delete
NAME **GOFFMANN, STUART**
STREET ADDRESS **2400 NORTH COMMERCE PKWY STE 404**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **ASST TREASURER** ☐ Change ☒ Addition
NAME **MARIA IANNUZO**
STREET ADDRESS **7878 N 16 ST #100**
CITY-ST-ZIP **PHOENIX, AZ 85020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA IANNUZO 4-28-03 (602) 678 7272

Date

Daytime Phone #

CR2E034 (10/02)