

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90046 012 ***150.00

DOCUMENT # P99000062271

1. Entity Name
KIDS' QUARTERS, INC.

Principal Place of Business 200 E ROBINSON STREET, SUITE 500 ORLANDO FL 32801	Mailing Address 200 E ROBINSON STREET, SUITE 500 ORLANDO FL 32801-1956
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2. Principal Place of Business 4514 Rose Tree Court	3. Mailing Address 200 E. Robinson Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 500

City & State Orlando FL	City & State Orlando, FL	4. FEI Number 58-2480443	Applied For <input type="checkbox"/> Not Applicable
Zip 32837	Country USA	Zip 32837	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON STREET SUITE 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name: **Florida Corporate Support, Inc.**
 Street: **200 E. Robinson Street**
Suite 500
 City: **Orlando** FL Zip Code: **32801**

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.
FLORIDA CORPORATE SUPPORT, INC.
 SIGNATURE By: *[Signature]* **Assistant Secretary** **4/10/00**
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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE D	<input type="checkbox"/> Delete
NAME SOLA, ANTONIO	
STREET ADDRESS 4514 ROSE TREE COURT	
CITY-ST-ZIP ORLANDO FL 32837	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/S/D
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **Antonio Solá Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 **407-843-5880**
Date Daytime Phone #

CR2E034 (9/99)