

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P.99000062316

1. Entity Name

KREATIVE KIDS ACADEMY INC.

Principal Place of Business

Mailing Address

3829 W. Azeele St.
Tampa, FL 336093829 W. Azeele St.
Tampa, FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

CRUZ, OCTAVIO

5015 W. WATERS AVE., SUITE F
TAMPA FL 33634

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, typed or printed name of registered agent and fee is applicable

(NOTE: Registered Agent signature required when identifying)

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 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. 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	PTD	☐ Delete
NAME	INSUA, BARBARA	
STREET ADDRESS	3829 W. Azeele St.	
CITY-STATE-ZIP	Tampa, FL 33609	

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

TITLE	PTD	☐ Delete
NAME	FINN, LUDMILLA	
STREET ADDRESS	3829 W. Azeele St.	
CITY-STATE-ZIP	Tampa, FL 33609	

TITLE	VSD	☒ Change ☐ Addition
NAME	FINN, LUDMILLA	
STREET ADDRESS	3829 W. Azeele St.	
CITY-STATE-ZIP	Tampa, FL 33609	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-01

Date

President

Typed Name

KREATIVE KIDS ACADEMY INC.

3829 W. AZEELE STREET
Tampa, FL 33

September 28, 2001

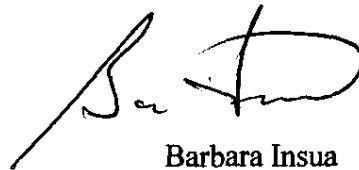
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern;

The purpose of this letter is to comply with the advise giving during our phone conversation on September 27, 2001. As I indicated in our phone conversation, we did not received the first notice of the 2001 Uniform Business Report.

We have send the 2001 Uniform business Report form and a check in the amount of \$150.00. The form was returned to Us because we failed to sign it. Enclose you will find the 2001 USB form signed. We request that the additional fee of \$400.00 be forgiven since we never received the original form. If you have any questions, please feel free to contact us at (813)877-3095.

Sincerely,



Barbara Insua
President