

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066127

1. Entity Name

KIDS TIVITY - APLACE JUST LIKE HOME, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90158 029 ***150.00

Principal Place of Business

9214 NW 80TH STREET
TAMARAC FL 33321

Mailing Address

9214 NW 80TH STREET
TAMARAC FL 33321-1405

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9214 N.W 80th St.

Suite, Apt. #, etc.

Tamarac Fl.

City & State

Zip

33321

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

STEWART, BARBARA
6331 STIRLING ROAD
DAVE FL 33314

7. Name and Address of New Registered Agent

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.

same / has not changed.

SIGNATURE

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, 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 PD ☐ Delete
NAME MISCIONE, GRACE A
STREET ADDRESS 9214 NW 8TH STREET
CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☐ Delete
NAME VIVANO, FRANCES
STREET ADDRESS 6928 FLEET ST
CITY-ST-ZIP FOREST HILLS NY 11375

TITLE TD ☐ Delete
NAME HIPPI, ELIZABETH
STREET ADDRESS 7714 BALBOA ST
CITY-ST-ZIP FORT LAUDERDALE FL 33351

TITLE SD ☐ Delete
NAME SPATARO, ROSE
STREET ADDRESS % 9214 NW 80TH STREET
CITY-ST-ZIP TAMARAC FL 33321

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 MISCIONE GRACE A.
STREET ADDRESS
CITY-ST-ZIP

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

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

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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 A. Miscione*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00 (954) 721-2289
Date Daytime Phone #

CR2004 (9/00)