

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075066

1. Entity Name

A & A KIDS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90177 015 ***150.00

Principal Place of Business

Mailing Address

~~3034 JOG ROAD~~
~~GREENACRES FL 33463~~

~~3034 JOG ROAD~~
~~GREENACRES FL 33467-2004~~

2. Principal Place of Business

3755 Military Trail

3. Mailing Address

3755 Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit B10-12

Unit B10-12

City & State

City & State

Jupiter, FL

Jupiter, FL

Zip

Country

33458

USA

Zip

Country

33458

USA

4. FEI Number

65-0935710

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

DIAMOND, AMY B

~~3034 JOG ROAD~~

~~GREENACRES FL 33463~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3755 Military Trail

Unit B10-12

City

Jupiter

FL

Zip Code

33458

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice-President & Secretary ☐ Delete
NAME Amy B. Diamond
STREET ADDRESS 3755 Military Trail, Unit B10-12
CITY-ST-ZIP Jupiter, FL 33458

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

TITLE President & Treasurer ☐ Delete
NAME Amanda L. Lorenc
STREET ADDRESS 3755 Military Trail, Unit B10-12
CITY-ST-ZIP Jupiter, FL 33458

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(f), 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

Amanda L. Lorenc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
Date

561-575-2434
Daytime Phone #

CR2E034 (9/99)