

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90004 017 ***150.00

DOCUMENT # P99000076442

1. Entity Name
BABY STARS INC.

Principal Place of Business
NRAI SERVICES INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301
US

Mailing Address
C/O LOEB, BLOCK & PARTNERS LLP
505 PARK AVE.
NEW YORK NY 10022



2. Principal Place of Business
3565 NE 207 ST.

3. Mailing Address
3565 NE 207 ST suite A9

Suite, Apt. #, etc.
Suite A9

DO NOT WRITE IN THIS SPACE

City & State
Aventura Florida

City & State
Aventura Florida

4. FEI Number
58-2493985

Applied For
 Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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 _____ (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, 2002 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
DS
 NAME
PEISACH, EDITH
 STREET ADDRESS
19355 TURNBERRY WAY, APT 17J
 CITY-ST-ZIP
N MIAMI BEACH FL 33280

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
DP
 NAME
PEISACH, JOSE
 STREET ADDRESS
19355 TURNBERRY WAY, APT 17J
 CITY-ST-ZIP
N MIAMI BEACH FL 33280

TITLE
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 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: Edith Peisach DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Feb 10/2002 305 932 7088

Daytime Phone #

CR2E034 (9/01)