

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000088511**

1. Entity Name

THE BABY EXPERIENCE, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90139 045 ***150.00

Principal Place of Business

3530 MYSTIC POINTE DRIVE #309
AVENTURA FL 33180

Mailing Address

3530 MYSTIC POINTE DRIVE #309
AVENTURA FL 33180-4524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1001 N FEDERAL Hwy #103

Suite, Apt. #, etc.

1001 N Federal Hwy #103

City & State

HALLENDALE FL 33009

City & State

1 HALLENDALE FL

Zip

Country

Zip

Country

33009

4. FEI Number

65-0959800

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

HIRSCHBERG, SUSANA
3530 MYSTIC POINTE DRIVE #309
AVENTURA FL 33180

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 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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSD	HIRSCHBERG, SUSANA	3530 MYSTIC POINTE DRIVE #309	AVENTURA FL 33180	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	HIRSCHBERG, HEINZ	3530 MYSTIC POINTE DRIVE #309	AVENTURA FL 33180	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

305 931-3134

Daytime Phone #

C/F 01/14/9991