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3-26-01

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am **DOCUMENT # \$62561** Secretary of State 1. Entity Name STAR KIDS, INC. 03-29-2001 90411 015 ***150.00 Principal Place of Business Mailing Address 617 EAST SUNRISE BLVD 617 EAST SUNRISE BLVD FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0281003 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNSTEIN, STEVEN Street Address (P.O. Box Number is Not Acceptable) 906 N FEDERAL HWY SUITE 304 FT LAUDERDALE FL 33304 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing. \$5.00-мау·Ве Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Change Addition TITLE □ Delete TITLE BERNSTEIN, ARLENE NAMÉ NAME STREET ADDRESS STREET ADDRESS 12179 NW 10TH CT CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE BERNSTEIN, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 12179 NW 10TH CT CITY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete TITLE TITLE Till Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME. --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. STEUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: