

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90008 015 ***150.00

DOCUMENT # S76421

1. Entity Name

BABY CLUB, INC.

Principal Place of Business

**6725 SW 21ST ST.
MIAMI FL 33155
US**

Mailing Address

**6725 SW 21 ST
MIAMI FL 33155
US**

2. Principal Place of Business

**6725 SW 21ST ST.
Suite, Apt. #, etc.
MIAMI, FLORIDA**

3. Mailing Address

**6725 SW 21 ST
Suite, Apt. #, etc.**

City & State

City & State

MIAMI, FLORIDA

4. FEI Number

65-0275079

Applied For

Not Applicable

Zip

33155

Country

US

Zip

33155

Country

US

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

**ACOSTA, MELBA
3520 SW 60TH CT.
MIAMI FL 33155**

Name

IVAN NAVA

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

6725 SW 21ST STREET

City

MIAMI

FL

Zip Code

33155

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

IVAN NAVA

2/6/2001

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, 2001 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 **PD** ☒ Delete
NAME **ACOSTA, MELBA**
STREET ADDRESS **6725 SW 21 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **P D/S** ☐ Change ☒ Addition
NAME **NAVA, IVAN (SR)**
STREET ADDRESS **6725 SW 21 ST**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **SVD** ☒ Delete
NAME **ACOSTA, ROBERT**
STREET ADDRESS **6725 SW 21 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D/T** ☐ Change ☒ Addition
NAME **NAVA, IVAN (JR)**
STREET ADDRESS **7948 NW 196 TER**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/V** ☐ Change ☒ Addition
NAME **QUINTERO, NANCY**
STREET ADDRESS **6725 SW 21 ST.**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **NAVA, NANCY**
STREET ADDRESS **7948 NW 196 TER**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Melba Acosta

MELBA ACOSTA, Pres

2/6/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)