

2000 UNIFORM BUSINESS REPORT (UBR)

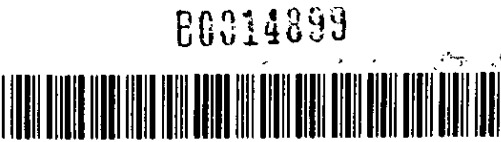
FILED
Feb 07, 2000 8:00 am
Secretary of State
 02-07-2000 90025 002 ***150.00

DOCUMENT # V21903

1. Entity Name
KIDDIE KLUB, INC.

Principal Place of Business 6201 W. ATLANTIC BLVD. MARGATE FL 33063 US	Mailing Address 6201 W. ATLANTIC BLVD MARGATE FL 33063-5128 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0325934		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRASAD, KENRICK 6201 W ATLANTIC BLVD MARGATE FL 33063	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P PRASAD, KENRICK 10898 NW 46TH DR CORAL SPRINGS FL	<input type="checkbox"/> Delete	P PRASAD, KENRICK 10898 NW 46TH DR CORAL SPRINGS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V PERSHAD, LINETTE 10898 NW 46TH DR CORAL SPRINGS FL	<input type="checkbox"/> Delete	V PERSHAD, LINETTE 10898 NW 46TH DR CORAL SPRINGS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Blank	<input type="checkbox"/> Delete	Blank	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Blank	<input type="checkbox"/> Delete	Blank	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Blank	<input type="checkbox"/> Delete	Blank	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Blank	<input type="checkbox"/> Delete	Blank	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kennrick Prasad **02/01/00** **(954) 979-3399**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)