

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90071 043 \*\*\*150.00

**DOCUMENT # P97000025357**

1. Entity Name

**THE BABY SCHOOL COMPANY, INC.**

Principal Place of Business

3876 LA PLAYA BLVD  
 COCONUT GROVE FL 33133

Mailing Address

P O BOX 330341  
 COCONUT GROVE FL 33233

2. Principal Place of Business

4100 AURORA ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

4. FEI Number

65-0773078

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

Country

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

**TORNEK, ALEXANDRA M**  
**3876 LA PLAYA BLVD**  
**COCONUT GROVE FL 33133**

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, 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  Delete  
 NAME PD  
 TORNEK, ALEXANDRA M  
 STREET ADDRESS 3876 LA PLAYA BLVD  
 CITY-ST-ZIP COCONUT CREEK FL 33133

TITLE  Change  Addition  
 NAME PD  
 Tornek, Alexandra M.  
 STREET ADDRESS 4100 Aurora St., Unit B  
 CITY-ST-ZIP Coral Gables, FL 33146

TITLE  Delete  
 NAME TD  
 TORNEK, SCOTT H  
 STREET ADDRESS 3876 LA PLAYA BLVD  
 CITY-ST-ZIP COCONUT CREEK FL 33133

TITLE  Change  Addition  
 NAME TD  
 Tornek, Scott H.  
 STREET ADDRESS 4100 Aurora St., Unit B  
 CITY-ST-ZIP Coral Gables FL 33146

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  
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 STREET ADDRESS  
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TITLE  Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18 2001 305 740 0559

Date

Daytime Phone #

CR2E034 (10/00)