

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90045 040 *****70.00

00222596

DOCUMENT # N42457

1. Entity Name

KIDCO CHILD CARE INC.

Principal Place of Business		Mailing Address	
3630 EN 1ST COURT MIAMI FL 33137 US		3630 NE 1ST COURT MIAMI FL 33137 US	

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-0257588		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input checked="" type="checkbox"/>			

6. Name and Address of Current Registered Agent

LA VILLA, SILVIA
10317 NW 9TH ST. CIR. #401
MIAMI FL 33172

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, ANTONIO	
STREET ADDRESS	10840 SW 170 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, NILSA M.	
STREET ADDRESS	9500 E CALUSA CLUB DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALICHS, SUZANNE	
STREET ADDRESS	1380 NE MIAMI GARDENS DR #220	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTHER, CHISHOLM	
STREET ADDRESS	220 NW 47 ST FRONT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, TERESA	
STREET ADDRESS	8171 SW 162 CT	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRIENTOS, HUGO	
STREET ADDRESS	63 NE 40TH STREET	
CITY-ST-ZIP	MIAMI FL 33137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzanne Salichs* **REQUIRED** *1/11/02* *(305) 576-6990*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)