

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90031 021 ****61.25

DOCUMENT # N42457

1. Entity Name
KIDCO CHILD CARE INC.



Principal Place of Business

**3630 EN 1ST COURT
MIAMI FL 33137
US**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **65-0257588**

Applied For

Not Applicable

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

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

Name **LA VILLA, SILVIA**

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

1013 NW 106 AV CIR

City **MIAMI**

FL

Zip Code **33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MARTINEZ, ANTONIO**
STREET ADDRESS **10840 SW 170 TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **MARTINEZ, ANTONIO**
STREET ADDRESS **8171 SW 162 Court**
CITY-ST-ZIP **Miami, FL 33193**

TITLE **P** ☐ Delete
NAME **VELAZQUEZ, NILSA M.**
STREET ADDRESS **9500 E CALUSA CLUB DR**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **SALICHS, SUZANNE**
STREET ADDRESS **1380 NE MIAMI GARDENS DR #220**
CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE **D** ☐ Delete
NAME **ESTHER, CHISHOLM**
STREET ADDRESS **220 NW 47 ST FRONT**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☒ Delete
NAME **RIVERA, TERESA**
STREET ADDRESS **8171 SW 162 CT**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **ISIDRO LOPEZ**
CITY-ST-ZIP **11321 SW 152 Court**

TITLE **D** ☐ Delete
NAME **BARRIENTOS, HUGO**
STREET ADDRESS **63 NE 40TH STREET**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Change ☐ 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:

S/M Velazquez REQUIRED

04/04/03 305-576-6990

CR2E037 (10/02)