FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000099057

1. Entity Name

Children to Children Placement Agency, Inc

FILED
04 FEB -4 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9655 South Dixie Hwy	9655 South Dixie Hwy
Suite, Apt. #, etc.: 117	Suite, Apt. #, etc.: 117
City & State: Pinecrest, Florida	City & State: Pinecrest, Florida
Zip: 33156 Country: Dade	Zip: 33156 Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 38-3688442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Paulina Lam

Street Address (P.O. Box Number is Not Acceptable): 9655 South Dixie Hwy S-117

City: Pinecrest FL Zip Code: 33156

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: Feb 03 04

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Miss. President.
NAME	Paulina Lam
STREET ADDRESS	9655 South Dixie Hwy S-117
CITY-ST-ZIP	Pinecrest, FL 33156.
TITLE	Legal Director
NAME	Raul Sanchez de Varona
STREET ADDRESS	1320 South Dixie S-285
CITY-ST-ZIP	Coral Gables FL 33156.
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Feb 03 04 305-794-3149

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