## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 04, 2002 8:00 am Secretary of State P96000027633 DOCUMENT # 1. Entity Name 03-04-2002 90006 020 \*\*\*150.00 BAMBI LAND DAY CARE CENTER, INC. Principal Place of Business Mailing Address 4755 W 8 AVE 4755 W 8 AVE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0662929 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUZA, ALINA Street Address (P.O. Box Number is Not Acceptable) 4755 W 8 AVE HIALEAH FL 33012 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITI F ☐ Addition CUZA, ALINA NAME NAME 5865 W 14 LANE STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE CUZA, OSMEL NAME NAME STREET ADDRESS STREET ADDRESS 5865 W 14 LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Addition TITLE Delete NAME NAME Martin, Aurelia STREET ADDRESS 5865 W 14 LANE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

thereby 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 of 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

SIGNATURE: