

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90116 024 ***150.00

0047313 AV

DOCUMENT # S66495

1. Entity Name
NANNIES TO PERFECTION, INC.

(LA)

Principal Place of Business
9655 SOTH DIXIE HIGHWAY
SUITE 309
MIAMI FL 33156
US

Mailing Address
9400 S. DADELAND BLVD.
SUITE 111
MIAMI FL 33156
US

A0077027



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9719 S. Dixie Highway
 Suite, Apt. #, etc.
Suite 6

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Miami - Fla

4. FEI Number **65-0267664**
 Applied For ☐
 Not Applicable ☒

Zip **33156** Country **USA**

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

6. Name and Address of Current Registered Agent
CAMPBELL, KARELL M.
9400 S. DADELAND BLVD.
SUITE 111
MIAMI FL 33156

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 Karell Campbell DATE 7/10/01
(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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P CAMPBELL, KARELL 8761 SW 85 TERRACE MIAMI FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VP HAMBURGER, CLAUDIA 6495 S.W. 114TH ST. MAAMI FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Karell Campbell DATE 7/10/01 DAYTIME PHONE # 305-661-1299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

Attachment Doc. # 566495 Adm 027
Nannies to Perfection

A Placement Service

*Nannies * Housekeepers*



7/10/01

to whom it may concern:

As per my phone conversation with one of your agents, I am hereby writing a letter explaining why I failed to pay on time the Uniform Business Report. The Bill was mailed to the Registered Agent address, and I don't know for sure if it was received since I was moving offices.

I have never been late in my payments, please consider that it has been a really crazy time for us with moving offices.

Thanks for your consideration

Dee Dee Campbell