

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90431 027 ***158.75

DOCUMENT # *P01000058571*

1. Entity Name
Bright Futures Preschool Learning Center Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>13724 SW 84 ST</i> Suite, Apt. #, etc. <i>N/A</i>		3. Mailing Address <i>13724 SW 84 ST</i> Suite, Apt. #, etc. <i>N/A</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami FL</i>	
Zip <i>33183</i>	Country <i>USA</i>	Zip <i>33183</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number <i>65-1113123</i>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name <i>Cristina Sardinias</i> Street Address (P.O. Box Number is Not Acceptable) <i>17503 SW 84 ST</i> City <i>Miami</i> FL Zip Code <i>33183</i>		

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 reconstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <i>President</i>	NAME <i>Cristina Sardinias</i>	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS <i>17503 SW 84 ST</i>	STREET ADDRESS	NAME	
CITY - ST - ZIP <i>Miami, FL 33183</i>	CITY - ST - ZIP	STREET ADDRESS	
TITLE <i>Vice President</i>	NAME <i>Martha Aguila</i>	TITLE	
STREET ADDRESS <i>17503 SW 84 ST</i>	STREET ADDRESS	NAME	
CITY - ST - ZIP <i>Miami FL 33183</i>	CITY - ST - ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	STREET ADDRESS	NAME	
CITY - ST - ZIP	CITY - ST - ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	NAME	
CITY - ST - ZIP	CITY - ST - ZIP	STREET ADDRESS	

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 _____ *[Signature]* **DATE** *4/30/02* **DAYTIME PHONE #** *(305) 383-9094*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)