

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

05-14-2002 90332 003 ****61.25

DOCUMENT # N01000002576

1. Entity Name

SOUL SAVING STATION DAYCARE CENTER, INC.

Principal Place of Business

1880 WASHINGTON AVE
OPA LOCKA FL 33054

Mailing Address

1880 WASHINGTON AVE
OPA LOCKA FL 33054

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

59-2132280

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

Name

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

City

FL

Zip Code

MURRAY, JASON M.
100 SE 2 STREET STE 4000
MIAMI FL 33131

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 reappointing)

DATE

FILE NOW: FEE IS \$81.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MURRAY, JAMES**
 CITY-ST-ZIP **1900 NW 171 ST**
MIAMI FL 33055

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **MURRAY, EULA**
 CITY-ST-ZIP **1900 NW 171 ST**
MIAMI FL 33055

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **JEAN, MILDRED**
 CITY-ST-ZIP **262 NE 141 ST**
MIAMI FL 33161

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **THOMAS, EDWARD T**
 CITY-ST-ZIP **2435 NW 159 TERRACE**
OPA LOCKA FL 33054

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

James M. Murray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

426-02 305-688543

CR2E037 (9/01)