

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000027633

**Entity Name:** BAMBI LAND DAY CARE CENTER, INC.

**Current Principal Place of Business:**

4755 W 8 AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

4755 W 8 AVE  
HIALEAH, FL 33012 US

**FEI Number:** 65-0662929

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CUZA, ALINA MOWNER  
5865 W. 14TH LANE  
HIALEAH, FL 33012 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            CUZA, ALINA M  
Address        5865 W 14 LANE  
City-State-Zip: HIALEAH FL 33012

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALINA CUZA

**PRESIDENT**

**01/09/2023**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date