

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90856 050 ***150.00

DOCUMENT #

509077

1. Entity Name

PLANTATION DAYCARE CTR. INC.

Principal Place of Business

Mailing Address

Plantation
Florida

4610 NW 9th Ct.
Plantation FL 33317-1437

CU088907

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

591734934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Ron Asnes Esq.

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

2700 S. Commerce Parkway

Suite #305

City

Weston

FL

Zip Code

33331

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

Harvey Lott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

00.

4-20-00

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 \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME Thelma P. Lockhart.

STREET ADDRESS 1220 NE 215 St.

CITY-ST-ZIP Miami FL 33179-1348

TITLE ☐ Delete

NAME U. Pres. Treasurer.

STREET ADDRESS Harvey C. Lockhart.

CITY-ST-ZIP 1220 NE 215 St.

CITY-ST-ZIP Miami, FL 33179-1348.

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Harvey Lott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

954 587-8784

Daytime Phone #

CR2E034 (9/99)