

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 653065**

1. Entity Name

THOMAS TOTS NURSERY & KINDERGARDEN, INC.**FILED**
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90620 050 ***150.00

018575

Principal Place of Business Mailing Address
2830 NW 90 ST 2830 NW 90 ST
MIAMI FL 33147 MIAMI FL 33147
US US

631201

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2830 N.W. 90th Street **2830 N.W. 90th Street**

Suite, Apt. #, etc.
Miami, FLSuite, Apt. #, etc.
Miami, FLCity & State
33147 DadeCity & State
33147 Dade

Zip Country

Zip Country

4. FEI Number **59-1981451**Applied For
Not Applicable5. 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****THOMAS, BERTHA**
2830 N.W. 90TH STREET
MIAMI FL 33147

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 **Bertha Thomas****Bertha Thomas****03-05-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **ST** ☐ Delete
NAME **THOMAS, ANDREW**
STREET ADDRESS **2830 N.W. 90TH ST.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME **VDM**
STREET ADDRESS **THOMAS, BERTHA**
CITY-ST-ZIP **2830 N.W. 90TH ST.**
MIAMI FL

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

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

TITLE ☐ Delete
NAME
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: **Bertha Thomas** **Bertha Thomas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-01 **(305) 691-0064**

Date Daytime Phone #

CR2E034 (10/00)