

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91586 041 ****70.00

B0082210



DO NOT WRITE IN THIS SPACE

DOCUMENT # 758589

1. Entity Name

ABC DAY CARE CENTER, INC

Principal Place of Business

Mailing Address

6505 NW 2ND AVE
 MIAMI FL 33150

PO BOX 552112
 OPA-LOCKA FL 33055
 US

2. Principal Place of Business

3. Mailing Address

6505 NW 2nd ave

P.O. BOX 552112

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

OPA Locka, FL

Zip

Country

Zip

Country

33150

Dade

33055

Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONYERS, AGNES B.
 2913 N W 185 TERR
 MIAMI FL 33055

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. 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 NAME STREET ADDRESS CITY-ST-ZIP	VTD CONYERS, AGNES B 2913 NW 185TH TERR MIAMI, FL 00000 33055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELVIN, DALE 45 NE 68TH TERR MIAMI, FL 00000 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, DAISY P. 8512 SHERATON DRIVE MIRAMAR FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02 305 757-4771