

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002082

1. Entity Name

CHILD CARE ASSOCIATES INC.

FILED

Mar 16, 2000 8:00 am  
Secretary of State

03-16-2000 90004 028 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O CLARE M. PARE, ESQUIRE  
360 LEXINGTON AVENUE, SUITE 1502  
NEW YORK NY 10017-6502

C/O CLARE M. PARE, ESQUIRE  
360 LEXINGTON AVENUE, SUITE 1502  
NEW YORK NY 10017-6502

2. Principal Place of Business

3. Mailing Address

C/O CLARE M. PARE, ESQ.  
Suite, Apt. #, etc.

see # 2  
Suite, Apt. #, etc.

370 Lexington Ave, Ste 1612

City & State  
N.Y. N.Y.

City & State

Zip  
10017

Country  
NY

4. FEI Number

13-3754127

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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

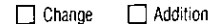
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ROSS, DONNA  
STREET ADDRESS THREE HIGHLANDS AVENUE  
CITY-ST-ZIP NORTH TARRYTOWN NY 10591



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE SC  
NAME ROSS, ANTHONY  
STREET ADDRESS THREE HIGHLANDS AVENUE  
CITY-ST-ZIP NORTH TARRYTOWN NY 10591



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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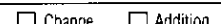
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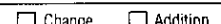
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:

*Donna Ross* PRESIDENT 1-27-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)