

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90050 047 ***150.00

0441932

DOCUMENT # F96000002082

1. Entity Name
CHILD CARE ASSOCIATES INC.

Principal Place of Business C/O CLARE M. PARE, ESQUIRE 370 LEXINGTON AVENUE, SUITE 1612 NEW YORK NY 10017-6502	Mailing Address C/O CLARE M. PARE, ESQUIRE 370 LEXINGTON AVENUE, SUITE 1612 NEW YORK NY 10017-6502
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>C/O Claire Pare, Esq.</i> Suite, Apt. #, etc. <i>163-10A Crossbay Blvd.</i> City & State <i>Howard Beach, NY 11414</i> Zip <i>11414</i> Country <i>Queens</i>	3. Mailing Address <i>C/O Claire Pare, Esq.</i> Suite, Apt. #, etc. <i>163-10A Crossbay Blvd.</i> City & State <i>Howard Beach, NY 11414</i> Zip <i>11414</i> Country <i>Queens</i>
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4. FEI Number 13-3754127	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete PD ROSS, DONNA THREE HIGHLANDS AVENUE NORTH TARRYTOWN NY 10591		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete SC ROSS, ANTHONY THREE HIGHLANDS AVENUE NORTH TARRYTOWN NY 10591		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **2-13-01** **718 925 9098**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)