

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90040 035 ***150.00

0619046 AT

DOCUMENT # F96000002082

1. Entity Name

CHILD CARE ASSOCIATES INC.

Principal Place of Business

C/O CLARE M. PARE, ESQUIRE
~~163-10A CROSSBAY BLVD~~
~~HOWARD BEACH NY 11414~~

Mailing Address

C/O CLARE M. PARE, ESQUIRE
~~163-10A CROSSBAY BLVD~~
~~HOWARD BEACH NY 11414~~

2. Principal Place of Business

208 Beach 124th St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

8

Suite, Apt. #, etc.

City & State

Belle Harbor N.Y.

City & State

4. FEI Number

13-3754127

Applied For

Not Applicable

Zip

11694

Country

Queens

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSS, DONNA	
STREET ADDRESS	THREE HIGHLANDS AVENUE	
CITY-ST-ZIP	NORTH TARRYTOWN NY 10591	
TITLE	SC	<input type="checkbox"/> Delete
NAME	ROSS, ANTHONY	
STREET ADDRESS	THREE HIGHLANDS AVENUE	
CITY-ST-ZIP	NORTH TARRYTOWN NY 10591	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-02

Date

Clare M. Pare
718-318-0895
 Daytime Phone #

CR2E034 (9/01)