

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90001 021 \*\*\*150.00

**B0027780**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** K 11478  
**1. Entity Name**  
Sunlight Child Care, Inc.

**Principal Place of Business**      **Mailing Address**  
3100 SW 79th Court  
Miami, Florida 33155

**2. Principal Place of Business**      **3. Mailing Address**  
3100 SW 79th Ct  
Suite, Apt. #, etc.

**City & State**      **City & State**  
Miami, Florida      Miami, Florida  
**Zip**      **Country**      **Zip**      **Country**  
33155      Miami-Dade      33155      Miami-Dade

**4. FEI Number**      **Applied For**  
65-0023223v      Not Applicable

**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

Idelisa Perez  
3100 SW 79th Court  
Miami, Florida 33155

**7. Name and Address of New Registered Agent**

**Name**  
Barbara Romero  
**Street Address (P.O. Box Number is Not Acceptable)**  
3100 SW 79th Court  
**City**      **FL**      **Zip Code**  
Miami      33155

**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**      **February 22, 2000**  
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**      ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

| 11. OFFICERS AND DIRECTORS   |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
|--|--|---|--|
| <b>TITLE</b><br>PTS<br><b>NAME</b><br>Idelisa Perez<br><b>STREET ADDRESS</b><br>3100 SW 79th Ct, Miami, Fl 33155<br><b>CITY-ST-ZIP</b> | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>P/S/D<br><b>NAME</b><br>Barbara Romero<br><b>STREET ADDRESS</b><br>3100 SW 79th Ct, Miami, FL 33155<br><b>CITY-ST-ZIP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <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:**      **Feb. 22, 2000**      **(305) 281-5499**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #