

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90061 012 \*\*\*150.00

0178644

**DOCUMENT # L61042**

1. Entity Name

**CHILDREN'S PARADISE CHILD CARE CENTER, INC.**

Principal Place of Business

7435 SW 61 AVE  
 MIAMI FL 33143  
 US

Mailing Address

7435 SW 61 AVE  
 MIAMI FL 33143  
 US

2. Principal Place of Business

7435 SW 61 Ave  
 Suite, Apt. #, etc.

3. Mailing Address

SAME  
 Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

SAME

Zip

33143

Country

U.S.A.

Zip

SAME

Country

SAME

4. FEI Number

65-0186513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, JOHN H., JR  
 44 WEST FLAGLER STREET, 18TH FLOOR  
 MIAMI FL 33130

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MENOCAL, MARIA G	
STREET ADDRESS	5641 SW 67TH AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANGELINA	
STREET ADDRESS	12786 SW 148TH LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RAMON R	
STREET ADDRESS	12786 S.W. 146 LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAZZANIGA, ROSY	
STREET ADDRESS	12786 SW 146 LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> Delete
NAME	IRMA, LARA	
STREET ADDRESS	5641 SW 67 AVE	
CITY-ST-ZIP	MIAMI FL 33143	
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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NAME	
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

Date

Daytime Phone #

March 27/2001

(305) 666-1635

CR2E034 (10/00)