

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003761

1. Entity Name

PLAYKIDS LEARNING CENTER, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 16 PM 4:29

Principal Place of Business
10248 NW 57ST
MIAMI, FL 33178

Mailing Address
10248 NW 57ST
MIAMI, FL 33178

2. Principal Place of Business
10248 NW 57ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State

4. FEI Number
65-0931947

Applied For
Not Applicable

Zip
33178

Country
U.S.A.

Zip
Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARGAS GERNARDO
10248 NW 57ST
MIAMI, FL 33178

Name
VARGAS MARIA PAZLEY
Street Address (P.O. Box Number is Not Acceptable)
10248 NW 57ST
City MIAMI FL Zip Code 33178

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 VARGAS GERNARDO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VARGAS MARIA PAZLEY
10248 NW 57ST
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SALCEDO SANDRA
10248 NW 57ST
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003300102--3
-06/21/00--01116--005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VARGAS MARIA PAZLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

06-12-00 (305)629-8545

Date Daytime Phone #

CR2E083 (11/99)