

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003761

1. Entity Name

PLAYKIDS LEARNING CENTER, L.L.C.

FILED

02 OCT -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10248 NW 57TH ST.
MIAMI FL 33178

Mailing Address

10248 NW 57TH ST.
MIAMI FL 33178

2. Principal Place of Business

9351 Fontaine Blvd.

Suite, Apt. #, etc.

3412

City & State

Miami

Zip

33172

Country

E.E.U.U.

3. Mailing Address

9351 Fontaine Blvd.

Suite, Apt. #, etc.

3412

City & State

Miami

Zip

33172

Country

E.E.U.U.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0931947

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARGAS, MARIA
10248 NW 57TH ST.
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

Sandra Salcedo

Street Address (P.O. Box Number is Not Acceptable)

9351 Fontaine Blvd. Apto. B412

City Miami

FL

Zip Code

33172

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

Sandra Salcedo

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

(NOTE: Registered Agent signature required when reinstating)

September 23/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

500008289595--9
-10/09/02--01065--001
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME VARGAS, MARIA ☒ Delete
STREET ADDRESS 10248 NW 57TH ST.
CITY-ST-ZIP MIAMI FL 33178

TITLE MGR
NAME SALCEDO, SANDRA ☐ Delete
STREET ADDRESS 10255 NW 9 ST. CIRL, BLDG 7 APT. 206
CITY-ST-ZIP MIAMI FL 33172

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Salcedo, Sandra ☐ Change ☐ Addition
STREET ADDRESS 9351 Fontaine Blvd. Apto. B412
CITY-ST-ZIP Miami, FL. 33172

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Sandra Salcedo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

September 23/02

Date

Daytime Phone #