

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004277**

1. Entity Name

JUST FOR TOTS LEARNING ACADEMY, LLC

Principal Place of Business

4417 N. LOIS AVENUE
TAMPA FL 33614

Mailing Address

4417 N. LOIS AVENUE
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

P.O. Box 262404

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip

Country

Zip

33685

Country

4. FEI Number

59-3587580

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



APPROVED
AND
FILED
00 JUL 17 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

PINZON, EVA
4417 N LOIS AVENUE
TAMPA FL 33614

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
PINZON, EVA
4501 W. HANNA AVE.
TAMPA FL 33614

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

600003337116--6
-07/26/00--01092--006
*******55.00 *****55.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 606, Florida Statutes.

SIGNATURE:

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

7/13/00
Date

813 877-5151
Daytime Phone #

CFR2083 (5/00)