

003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M21932

1. Entity Name

PROGRESSIVE DAY CARE & NURSERY OF MIAMI INC.

FILED

03 NOV -4 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9145 N.W. 27 AVE

Suite, Apt. #, etc.

3. Mailing Address

9145 N.W. 27 AVE

Suite, Apt. #, etc.

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLA

City & State

MIAMI, FLA

4. FEI Number

59-2832459

Applied For

Not Applicable

Zip

33147

Country

U.S.A.

Zip

33147

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name FINDLEY, KENTON G.

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

1270 N.W. 178 ST.

City

MIAMI

FL

Zip Code

33169

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IN THIS SPACE

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

KENTON G. FINDLEY  
1270 N.W. 178 ST.  
MIAMI, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

300024394763  
11/04/03--01011--018 \*\*158.75

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

KENTON G. FINDLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-03 (305) 693-1398

Date

Daytime Phone #

October 29, 2003

DIVISION OF CORPORATION  
UNIFORM BUSINESS REPORT  
P.O.BOX 1500

**SUBJECT: 2,003 UNIFORM BUSINESS REPORT  
(Progressive Day Care & Nursery of Miami, Inc.)  
Document # M21932**

**We would like to inform the Department of Corporation that we have not received the green page to update our corporation for the year 2,003. Our address have not been changed.**

**We are requesting any waiver of penalties or interests and your deep understanding. Our Accountant questions us about it and advise us to explain as soon as possible the missing green paper.**

**We are including the 2,003 U. B. R. blank copy filled and a check.**

**We need some understanding.**

**Sincerely;**

*X Kenton G Findley*

**Kenton G. Findley  
President**

STATE OF FLORIDA  
MIAMI-DADE COUNTY

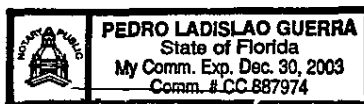
Before me personally appeared Kenton G. Findley and \_\_\_\_\_

\_\_\_\_\_ to me well known to me be the person(s) who executed the foregoing instrument/statement, and acknowledged to and before me that he executed said instrument/statement for the purpose therein expressed.

Witness my hand and official seal, this 29 day of October, 2003.

*Pedro Ladislao Guerra*

Notary Public  
State of Florida



Notary Seal