

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M30189

1. Entity Name

DONNY'S DAY CARE, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90005 041 ***550.00

Principal Place of Business

3020 NW 165 STREET
MIAMI FL 33054
US

Mailing Address

9702 SW 111 TERRACE
MIAMI FL 33176
US

2. Principal Place of Business

3020 N.W. 165 ST.

3. Mailing Address

9702 S.W. 111 TERRACE

Suite, Apt. #, etc.

MIAMI FL 33054

Suite, Apt. #, etc.

MIAMI FL

City & State

City & State

Zip

Country

Zip

Country

33176

4. FEI Number

59-2658594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, ABE A. P.A.
20401 N.W. 2ND AVENUE
~~SUITE 206~~
MIAMI FL 33169

18350 N.W. 2ND AVE
FIFTH FLOOR

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME WILLIAMS, GILWYN E.H.
STREET ADDRESS 9702 SW 111 TER
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE VSD
NAME WILLIAMS, MARLENE E.
STREET ADDRESS 9702 SW 111 TERR
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE DIRECTOR
NAME TONYA WILLIAMS
STREET ADDRESS 9702 S.W. 111 TERR
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

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

TITLE DIRECTOR
NAME JAMARIE WILLIAMS
STREET ADDRESS 9702 S.W. 111 TERR
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

7/9/2000

CR2E034 (5/00)