

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M30189

FILED
May 15, 2002 8:00 AM
Secretary of State

Entity Name: DONNY'S DAY CARE, INC.

Current Principal Place of Business:

3020 NW 165 STREET
MIAMI, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

9702 SW 111 TERRACE
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 59-2658594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WILLIAMS, GILWYN E.H. .
Address: 9702 SW 111 TER
City-St-Zip: MIAMI, FL

Title: VSD () Delete
Name: WILLIAMS, MARLENE E.,
Address: 9702 SW 111 TERR
City-St-Zip: MIAMI, FL

Title: O () Delete
Name: WILLIAMS, TONYA N
Address: 9702 S.W. 111 TERR
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAMS, GILWYN E.H.

PTD

05/15/2002

Electronic Signature of Signing Officer or Director

Date