

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M60463

1. Entity Name

YOUNG TOTS PREPARATORY, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90026 011 ***150.00

Principal Place of Business

2570 N.W. 152 TERR.
 OPA LOCKA FL 33054
 US

Mailing Address

9111 S LAKE MIR CIR
 MIRAMAR FL 33025

2. Principal Place of Business

9111 S. Lake Mir. Cir.

3. Mailing Address

9111 S. Lake Mir. Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, Florida

City & State

Miramar, Fl.

4. FEI Number

65-0014250

Applied For

Not Applicable

Zip

33025 Broward

Zip

33025 Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YOUNG, EUNICE L.
 2560 NW 152 TERR.
 OPA LOCKA FL 33052

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, EUNICE L.	
STREET ADDRESS	2560 NW 152 TERR.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, EUNICE L.	
STREET ADDRESS	2560 NW 152 TERR.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUNG, VERONICA A.	
STREET ADDRESS	9111 S LAKE MIR CIR	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Young, Eunice L.	
STREET ADDRESS	9111 S. Lake Mir. Cir.	
CITY-ST-ZIP	Miramar, Fl. 33025	
TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Young Eunice L.	
STREET ADDRESS	9111 S. Lake Mir. Cir.	
CITY-ST-ZIP	Miramar, Fl. 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

04/22/00

Date

Daytime Phone #

CR2E034 (9/99)