

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90001 050 \*\*\*\*61.25

0034115

**DOCUMENT # N00000006194**

1. Entity Name

**LITTLE "A" ACADEMY, INC.**

Principal Place of Business

Mailing Address

**24301 SW 137TH AVE.  
 MIAMI FL 33032**

**24301 SW 137TH AVE.  
 MIAMI FL 33032**

549201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**24301 SW 137 Ave**

**24301 SW 137 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Princeton, FL**

**Princeton, FL**

4. FEI Number

Applied For

**65-1067583**

Not Applicable

Zip

Country

Zip

Country

**33032**

**33032**

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

**VIVONA, DOMINIC A SR.  
 24301 SW 137TH AVE.  
 MIAMI FL 33032**

Name

**Dominic A. Vivona, Sr**

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

**24301 SW 137 Ave**

City

**Princeton**

FL

Zip Code

**33032**

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

*Dominic A Vivona Sr*, **Dominic A Vivona Sr**

**3/25/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **DOBOS, PIA V**  
 STREET ADDRESS **2 ROBERTS RD.**  
 CITY-ST-ZIP **SIMSBURY CT 06070**

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

TITLE **D** ☐ Delete  
 NAME **VIVONA, DOMINIC A SR.**  
 STREET ADDRESS **9424 SW 142ND ST.**  
 CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D** ☐ Delete  
 NAME **VIVONA, DOMINIC A JR.**  
 STREET ADDRESS **8 BRADFORD LANE**  
 CITY-ST-ZIP **PLAINSBORO NJ 08536**

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  
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 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dominic A Vivona Sr*, **Dominic A Vivona Sr**

**3/25/01**

**860-408-9228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)