

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000002287

1. Entity Name

LOVEBIRD KIDS' CLUB INC.

FILED

Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91162 014 ****70.00

Principal Place of Business

Mailing Address

8300 N.W. 83RD STREET
SUITE 440
MIAMI FL 33122

8300 N.W. 83RD STREET
SUITE 440
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1805100

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

Name

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

City

FL

Zip Code

BURGESS-FISHER, CAROL
10954 S.W. 158 TERRACE
MIAMI FL 33157

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

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 BURGESS-FISHER, CAROL
STREET ADDRESS 10954 S.W. 158 TERRACE
CITY-ST-ZIP MIAMI FL 33157

TITLE C ☒ Change ☒ Addition
NAME Chastanet, Allen
STREET ADDRESS 3514 CRYSTAL COURT
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☒ Delete
NAME KEEYS, DIANN
STREET ADDRESS 8500 N.W. 5TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D ☐ Change ☒ Addition
NAME Chong, Kaye
STREET ADDRESS 11910 NW 16th Street
CITY-ST-ZIP Pembroke Pines FL 33024

TITLE D ☒ Delete
NAME DEVELASCO, GIZZELLE
STREET ADDRESS 9707 COSTA DEL SOL BLVD.
CITY-ST-ZIP MIAMI FL 33178

TITLE D ☒ Change ☐ Addition
NAME Burgess-Fisher, Carol
STREET ADDRESS 10954 SW 158 TERR
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME McLeish Claudette
STREET ADDRESS 10 Glendale Crescent
CITY-ST-ZIP Kingston 19 Jamaica W.I.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☒ Addition
NAME KEEYS, DIANN
STREET ADDRESS 8500 NW 5th Street
CITY-ST-ZIP Pembroke Pines FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Leahy Mullings
STREET ADDRESS 1599 SW 159 TERR
CITY-ST-ZIP Pembroke Pines FL 33027

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:

SIGNATURE OF CAROL BURGESS-FISHER

5/27/02 305-663-8294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)