

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90135 005 ****61.25

DOCUMENT # N01000002287

1. Entity Name

LOVEBIRD KIDS' CLUB INC.



Principal Place of Business

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

Mailing Address

**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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol Burgess, Director*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 7/15/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **CHASTANET, ALLEN**
CITY-ST-ZIP **3514 CRYSTAL COURT
MIAMI FL 33133**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Audrey Sinclair**
CITY-ST-ZIP **1500 SW 113 Ave
MIA FL 33157**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHONG, KAYE**
CITY-ST-ZIP **11910 NW 16TH STREET
PEMBROKE PINES FL 33024**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BURGESS-FISHER, CAROL**
CITY-ST-ZIP **10954 SW 158TH TERRACE
MIAMI FL 33157**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MCLEISH, CLAUDETTE**
CITY-ST-ZIP **10 GLENDALE CRESCENT
KINGSTON 19, JAMAICA WI**

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

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MULLINGS, LEAY**
CITY-ST-ZIP **1599 SW 159TH TERRACE
PEMBROKE PINES FL 33027**

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: *Carol Burgess* 7/15/03 305-670-3222

CR2E037 (4/03)