

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

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90308 049 \*\*\*\*61.25

0007395

**DOCUMENT # N02000005231**

1. Entity Name

**SUNSHINE & SUNSET DAYCARE & KINDERGARTEN, INC.**



Principal Place of Business

4339 N.W. 7TH AVENUE  
MIAMI FL 33127

Mailing Address

4339 N.W. 7TH AVENUE  
MIAMI FL 33127

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

592072861

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPH, BETTY J**  
**555 N.W. 111TH STREET**  
**MIAMI FL 33168**

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

Signature typed of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>JOSEPH, BETTY</b>	
STREET ADDRESS	<b>555 N.W. 111TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, TOMMIE</b>	
STREET ADDRESS	<b>555 N.W. 111TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOLMES, JANICE M</b>	
STREET ADDRESS	<b>720 S.W. 10TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, JIMMIE L</b>	
STREET ADDRESS	<b>555 N.W. 111TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)