

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90438 009 ****61.25

DOCUMENT # N39243

1. Entity Name

KIDDIE ACADEMY OF WEST BROWARD, INC.

Principal Place of Business

**1050 NW 43RD AVE
PLANTATION, FL 33313**

Mailing Address

**1050 NW 43RD AVE
PLANTATION FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0211889**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPENCER, RUTH
11118 N.W. 37 STREET
FORT LAUDERDALE FL 33351**

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

FILE NOW: FEE IS \$61.259. 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 ☐ Delete
NAME **PD SPENCER, RUTH**
STREET ADDRESS **11118 N.W. 37 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33351**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TD SMITH, CAROL**
STREET ADDRESS **2310 NW 115 DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD STOKES, SANDRA**
STREET ADDRESS **3811 N.W. 8TH COURT**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**TITLE ☒ Change ☐ Addition
NAME **S.D. Gloria Christian**
STREET ADDRESS **3550 N.W. 42 Street**
CITY-ST-ZIP **Lauderdale Lakes, Fl. 33309**TITLE ☐ Delete
NAME **VD WALKER, GLORIA**
STREET ADDRESS **6885 LANDINGS DR. APT. 204**
CITY-ST-ZIP **LAUDERHILL FL 33319**TITLE ☒ Change ☐ Addition
NAME **V.D. Gloria M. Wallen**
STREET ADDRESS **4280 N.W. 36 Avenue**
CITY-ST-ZIP **Lauderdale Lakes, Fl. 33309**TITLE ☐ Delete
NAME **VD WALLER, GLORIA M**
STREET ADDRESS **4280 NW 36TH AVENUE**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**TITLE ☒ Change ☐ Addition
NAME **D Sandra Stokes**
STREET ADDRESS **3811 N.W. 8th Court**
CITY-ST-ZIP **Fl. Lauderdale, Fl. 33311**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Silvia M. Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.8.02

954-7920026

CR2E037 (9/01)