

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 46427*

1. Entity Name

LAKEVIEW BAPTIST DAYCARE CENTER, INC.

FILED

60 JAN 28 PM 12:39

Principal Place of Business

Mailing Address

*11500 N.W. 17th Avenue
Miami, Florida 33167*

*P.O. Box 68-1495
MIAMI, FLORIDA
US 33168*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0823949

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*JOHNSON LEROY B.
11500 N.W. 17th Avenue
MIAMI, FL 33167*

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 \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>PD</i>	☐ Delete
NAME	<i>Pinder, Delores</i>	
STREET ADDRESS	<i>1380 S.W. 104th Avenue</i>	
CITY-ST-ZIP	<i>Pembroke Pines, Fl.</i>	
TITLE	<i>JOHNSON LEROY B.</i>	☐ Delete
NAME	<i>2365 N.W. 180th Terrace</i>	
STREET ADDRESS	<i>Opa Locka, Florida</i>	
CITY-ST-ZIP	<i>33056</i>	
TITLE	<i>SD</i>	☐ Delete
NAME	<i>Johnson Frances</i>	
STREET ADDRESS	<i>2365 N.W. 180th Terrace</i>	
CITY-ST-ZIP	<i>Opa Locka, Florida 33056</i>	
TITLE	<i>ASST. TREAS.</i>	☐ Delete
NAME	<i>Johnson, Ralph</i>	
STREET ADDRESS	<i>2365 N.W. 180th Terrace</i>	
CITY-ST-ZIP	<i>Opa Locka, Florida 33056</i>	
TITLE	<i>Director</i>	☐ Delete
NAME	<i>Rutherford, Terry</i>	
STREET ADDRESS	<i>2156 N.W. 65th Street</i>	
CITY-ST-ZIP	<i>MIAMI, FLORIDA</i>	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME	<i>100003128331-9</i>	
STREET ADDRESS	<i>-02/08/00-01124-017</i>	
CITY-ST-ZIP	<i>*****61.25 *****61.25</i>	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

Leroy B. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26 2000