FILED
May 29, 2002 8:00 am
Secretary of State

04-01-2002 90192 001 ****61.25
04-01-2002 90192 002 *****8.75

89589

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003082

1. Entity Name

MIAMI ARTCC CHILD CARE, INC.

Principal Place of Business	Mailing Address
7500 N.W. 58TH STREET MIAMI FL 33166	7500 N.W. 58TH STREET MIAMI FL 33166

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: 65-0527291 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDHOLM, DAVID ERIC
7500 NW 58TH ST
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: Pamela Lessor
Street Address (P.O. Box Number is Not Acceptable): 7500 NW 58th St.
City: Miami FL Zip Code: 33166

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] 3/20/02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE	D	☐ Delete		☐ Change ☐ Addition
NAME	DELGADO, MARTHA			
STREET ADDRESS	7500 NW 58TH ST			
CITY-ST-ZIP	MIAMI FL 33166			
TITLE	D	☐ Delete		☐ Change ☐ Addition
NAME	BOSTICK, KIMBERLY			
STREET ADDRESS	7500 NW 58 ST			
CITY-ST-ZIP	MIAMI FL 33166			
TITLE	D	☑ Delete	D	☐ Change ☑ Addition
NAME	LESSOR, PAMELA		Michelle Groom	
STREET ADDRESS	7500 NW 58 ST		7500 NW 58th St.	
CITY-ST-ZIP	MIAMI FL 33166		Miami FL 33166	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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] REQUIRED Kimberly Bostick 3-20-02 305-716-1784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #