

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90099 011 ****75.00

DOCUMENT # N95000003948

1. Entity Name

AIM HIGH DAYCARE CENTER, INC.

976140



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1542 SOUTHWEST 4TH STREET
 HOMESTEAD FL 33030**

**1542 SOUTHWEST 4TH STREET
 HOMESTEAD FL 33030**

2. Principal Place of Business

344 S.W. 4th Avenue

3. Mailing Address

P.O. Box 924130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead - Florida

City & State

Princeton, Florida

4. FEI Number

65-0601964

Applied For

Not Applicable

Zip

33030

Country

Dade

Zip

33092

Country

Dade

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

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, GWENDOLYN L	
STREET ADDRESS	1542 SOUTHWEST 4TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	THOMAS, CURTIS	
STREET ADDRESS	1542 SOUTHWEST 4TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAYS, ALTOMEASE	
STREET ADDRESS	1542 SOUTHWEST 4TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
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"/> 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
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Curtis Thomas* **Curtis Thomas**

5-01-01

305-248-3400

CR2E037 (10/00)