

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

DOCUMENT # N99000005442

1. Entity Name

Tiny Tots Program, Inc.



FILED

04 NOV -2 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13850 NW 26th Avenue

Suite, Apt. #, etc.

3. Mailing Address

13850 NW 26th Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Opa-Locka, FL

City & State

Opa-Locka, FL

4. FEI Number

65-0948559

Applied For

Not Applicable

Zip

33054

Country

USA

Zip

33054

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Nelson Stuart

Street Address (P.O. Box Number is Not Acceptable)

13850 NW 26th Avenue

Toney McDonald Building

City

Opa-Locka

FL

Zip Code

33054

**DO NOT WRITE
IN THIS SPACE**

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

Nelson Stuart

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/12/04

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Nelson Stuart 13850 NW 26th Avenue Opa-Locka, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Cheryl Smith 13850 NW 26th Avenue Opa-Locka, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cheryl Smith 13850 NW 26th Avenue Opa-Locka, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Thea Long 13850 NW 26th Avenue Opa-Locka, FL 33054
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nelson Stuart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/04

Daytime Phone #

305-725-4755

CR2E037B (12/02)