

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90277 008 \*\*\*150.00

0146641

**DOCUMENT # P00000004561**

1. Entity Name  
**OUR CHILD CARE, INC.**

Principal Place of Business <b>55 NW 59TH STREET MIAMI FL 33127</b>	Mailing Address <b>55 NW 59TH STREET MIAMI FL 33127</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0971886</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**SICLAIT, EDOUARD  
 55 NW 59TH STREET  
 MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SICLAIT, EDOUARD	
STREET ADDRESS	2961-B DAY AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KING, JORENE	
STREET ADDRESS	12805 SW 84TH AVE. ROAD	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BONNET, JENNIFER	
STREET ADDRESS	2961-B DAY AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMBRONNE, REGINE B	
STREET ADDRESS	12262 SW 143RD LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMBRONNE, ROBERT	
STREET ADDRESS	12262 SW 143RD LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNET, JENNIFER	
STREET ADDRESS	2961-B DAY AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/16/01**  
 Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)