

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90091 036 ***150.00

DOCUMENT # P00000006551

1. Entity Name

LITTLE STARS AFTER SCHOOL CARE CENTER, INC.

Principal Place of Business

**6348 ASHFIELD PLACE
 WESLEY CHAPEL FL 33544**

Mailing Address

**6348 ASHFIELD PLACE
 WESLEY CHAPEL FL 33544**

2. Principal Place of Business

28229 ST. RD 54

3. Mailing Address

P.O. Box 7436

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Wesley Chapel, FL

USA

Wesley Chapel, FL

USA

4. FEI Number

59-3620987

Applied For

Not Applicable

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

**ROSADO, SOPHIA
 6348 ASHFIELD PLACE
 WESLEY CHAPEL FL 33544**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ROSADO, SOPHIA**
 STREET ADDRESS **6348 ASHFIELD PLACE**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CEO**
 NAME **ROSADO, JOSE H**
 STREET ADDRESS **6348 ASHFIELD PLACE**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 NAME **ORTIZ, ROXANN L**
 STREET ADDRESS **6348 ASHFIELD PLACE**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8943 MCKENDREE RD.**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST**
 NAME **ORTIZ, EDMUNDO**
 STREET ADDRESS **6348 ASHFIELD PLACE**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8943 MCKENDREE RD.**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Daytime Phone #

CR2E034 (10/00)