

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90085 047 ***150.00

0443125 AV

DOCUMENT # P00000006551

1. Entity Name
LITTLE STARS AFTER SCHOOL CARE CENTER, INC.



Principal Place of Business

~~20229 ST RD 54~~
WESLEY CHAPEL FL 33543

Mailing Address

PO BOX 7436
WESLEY CHAPEL FL 33543

11000603



2. Principal Place of Business

30126 SR 54

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City, State
WESLEY CHAPEL

City & State

4. FEI Number 59-3620987

Applied For
Not Applicable

Zip
FL 33544

Zip

Country

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

34852 FAIRVIEW HEIGHTS RD.

2EPHYRHILLS FL 33541-7745

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 *Roxann Ortiz* ROXANN ORTIZ - DIRECTOR

4/21/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME 34852 FAIRVIEW HEIGHTS RD.
STREET ADDRESS 2EPHYRHILLS, FL 33541-7745
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME 34852 FAIRVIEW HEIGHTS RD
STREET ADDRESS 2EPHYRHILLS, FL 33541-7745
CITY-ST-ZIP

TITLE D
NAME ORTIZ, ROXANN L
STREET ADDRESS 8943 MCKENDREE ROAD
CITY-ST-ZIP WESLEY CHAPEL FL 33544

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

TITLE ST
NAME ORTIZ, EDMUNDO
STREET ADDRESS 8943 MCKENDREE ROAD
CITY-ST-ZIP WESLEY CHAPEL FL 33544

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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 *Roxann Ortiz* ROXANN ORTIZ - DIRECTOR 4/21/03 813-907-0399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR3354 (10/02)