

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000030656**1. Entity Name
BABYSITTERS USA, INC.

Principal Place of Business 9713 NORTHWEST 122ND TERRACE HIALEAH GARDENS FL 33018	Mailing Address 9713 NORTHWEST 122ND TERRACE HIALEAH GARDENS FL 33018
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2. Principal Place of Business 8204 NW 103RD STREET	3. Mailing Address 8204 NW 103RD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State HIALEAH GARDENS FL	City & State HIALEAH GARDENS FL	4. FEI Number 65-1006214	Applied For ☐ Not Applicable
Zip 33016	Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY**
1201 HAYS STREET**TALLAHASSEE FL 323012525 US****7. Name and Address of New Registered Agent**Name
LIBERTY BUSINESS SERVICES, INC.Street Address (P.O. Box Number is Not Acceptable)
8204 NW 103RD STREETCity
HIALEAH GARDENS FL 33016

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 **SERGIO R. GARCIA**

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

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA SERGIO R 9713 NORTHWEST 122ND TERRACE HIALEAH GARDENS FL 33018	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: **SERGIO R. GARCIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D

04/26/2001

Date

Daytime Phone #

CR2E034 (11/00)