

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000104059**1. Entity Name
GENERATIONS ADULT AND CHILD DAY CARE, INC.

Principal Place of Business

C/O MS. RENE HINSON
6310 NE 19TH AVENUE
FORT LAUDERDALE
33308 FL

Mailing Address

C/O MS. RENE HINSON
6310 NE 19TH AVENUE
FORT LAUDERDALE
33308 FL

2. Principal Place of Business

746 NE 3RD AVE

3. Mailing Address

746 NE 3RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

4. FEI Number

☒ Applied For☐ Not ApplicableZip
33304

Country

Zip
33304

Country

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LAVENDER JOEL RESQ
507 SE 11TH COURTFORT LAUDERDALE
33316 FL

7. Name and Address of New Registered Agent

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)

04/29/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREA	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH JEAN		
STREET ADDRESS	672 MIDDLE RIVER DR.		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		
TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH MICHAEL		
STREET ADDRESS	672 MIDDLE RIVER DR		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		
TITLE	SECR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HINSON-SMITH RENEE		
STREET ADDRESS	6310 NE 19TH AVE		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		
TITLE	PRES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HINSON-SMITH RENEE		
STREET ADDRESS	6310 NE 19TH AVE		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		
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: RENEE HINSON-SMITH

MS.

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)