

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90054 017 \*\*\*150.00

**DOCUMENT # P00000105248**

1. Entity Name  
**GIGGLES DAYCARE INC.**

Principal Place of Business

8031 NW 22 AVENUE  
 MIAMI FL 33142

Mailing Address

8031 NW 22 AVENUE  
 MIAMI FL 33142

2. Principal Place of Business

8031 NW 22 AVENUE

3. Mailing Address

8031 NW 22 AVENUE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. FEI Number

65-1120596

**NOT APPLICABLE**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JIMENEZ, VILMAIDA  
 17468 S.W. 20 CT.  
 MIRAMAR FL 33029

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 *Vilmaida Jimenez*  
 Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/24/02*

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, 2002 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 **P** ☐ Delete  
 NAME **JIMENEZ, VILMAIDA**  
 STREET ADDRESS **17468 SW 20 COURT**  
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **VP** ☐ Delete  
 NAME **GALARZA, ELIZABETH**  
 STREET ADDRESS **135 NW 120 TERRACE**  
 CITY-ST-ZIP **NORTH MIAMI FL 33168**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 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:

*Vilmaida Jimenez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/24/02*  
 Date

Daytime Phone #

CR2E034 (9/01)