

2001 UNIFORM BUSINESS REPORT (UBR)

0013161 AV

DOCUMENT # P00000111928

1. Entity Name
OPEN ARMS CHILD CARE, INC.

FILED
02 JAN 14 PM 4:29

Principal Place of Business

1311 W FAIRBANKS AVE
ORLANDO FL 32804

Mailing Address

1311 W FAIRBANKS AVE
ORLANDO FL 32804

2. Principal Place of Business

11896 N. U.S. HWY 301
Suite, Apt. #, etc.

3. Mailing Address

11896 N. U.S. HWY 301
Suite, Apt. #, etc.

City & State

OXFORD FLORIDA

City & State

OXFORD FLORIDA

Zip

34484

Country

SUMPTER

Zip

34484

Country

SUMPTER

4. FEI Number

59-3695998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLON, FRANCISCO JR
235 S MAITLAND AVE #106
MAITLAND FL 32751

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 *Francisco Colon Jr*
Signature, typed or printed name of registered agent and title if applicable

Francisco Colon Jr
(NOTE: Registered Agent signature required when reinstating)

DATE 1/4/02

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D
NAME RAMIREZ, SONIA N
STREET ADDRESS 11896 N. U.S. HWY 301
CITY-ST-ZIP OXFORD FL 34484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004785586-5
-01/22/02--01024--016
****750.00 ****750.00

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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: *Sonia N Ramirez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/10/2001 352-330-6473
Daytime Phone #

CR2E034 (5/01)