

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2002 8:00 am
Secretary of State

DOCUMENT # P01000010530
1. Entity Name

06-19-2002 90930 043 ***150.00

LITTLE CHRISTIAN DAY CARE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8715 NW 119 Terr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Fl.

City & State

4. FEI Number

Applied For

Not Applicable

Zip 33016 **Country** Miami-Dade

Zip **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rebeca Hernandez

Street Address (P.O. Box Number is Not Acceptable)

6965 West 25 Ct.

City Hialeah **FL** **Zip Code** 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PD Rebeca Hernandez
NAME 6965 W. 25 Ct.
STREET ADDRESS Hialeah, Fl. 33016
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/P Elizabeth Hernandez
NAME 6965 W. 25 Ct.
STREET ADDRESS Hialeah, Fl. 33016
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment Document# P01000010530

5/16/02 CORPORATE DETAIL RECORD SCREEN 870058 9:29 AM
NUM: P01000010530 ST: FL ACTIVE/FL PROFIT FLD: 01/29/2001
NAME : LITTLE CHRISTIAN DAY CARE INC.
PRINCIPAL: 8715 N.W. 119TH STREET
ADDRESS MIAMI, FL 33016
RA NAME : HERNANDEZ, REBECA
RA ADDR : 6965 WEST 25 COURT
HIALEAH, FL 33016 US
ANN REP : * NONE FILED *

5/16/02 OFFICER/DIRECTOR DETAIL SCREEN 9:29 AM
CORP NUMBER: P01000010530 CORP NAME: LITTLE CHRISTIAN DAY CARE INC.
TITLE: PD NAME: HERNANDEZ, REBECA
6965 WEST 25TH COURT
HIALEAH, FL 33016
TITLE: VD NAME: HERNANDEZ, ELIZABETH
6965 WEST 25TH COURT
HIALEAH, FL 33016

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. TOP
7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR: