

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90103 002 *****8.75
01-06-2003 90103 001 ***150.00



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000011043

1. Entity Name
HUDSON EARLY CHILDHOOD EDUCATIONAL CENTER, INC.

Principal Place of Business
147 NW 2ND AVENUE
FLORIDA CITY FL 33030

Mailing Address
147 NW 2ND AVENUE
FLORIDA CITY FL 33030

2. Principal Place of Business
1427 N.W. 2nd Ave
Suite, Apt. #, etc.

3. Mailing Address
1427 N.W. 2nd Ave
Suite, Apt. #, etc.

City & State
Florida City, FL

Zip
33034

Country

4. FEI Number 65-0327936

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, CHARLES L
9900 SW 168 STREET SUITE #9
MIAMI FL 33157

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME HUDSON, REGINA	<input type="checkbox"/> Delete
STREET ADDRESS 1427 NW 2 AVENUE		
CITY-ST-ZIP MIAMI FL 33142		
TITLE VSD	NAME HUDSON, PERCILLA	<input type="checkbox"/> Delete
STREET ADDRESS 1427 NW 2 AVE		
CITY-ST-ZIP FLORIDA CITY FL 33034		
TITLE TD	NAME HUDSON, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS 1233 NE 56TH STREET		
CITY-ST-ZIP MIAMI FL 33142		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	Florida City, FL 33034	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **DATE:** 1/3/02 **Daytime Phone #** _____

CR2E034 (10/02)