

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90119 028 ***150.00

DOCUMENT # P01000021946

1. Entity Name
PRECIOUS LITTLE ANGELS DAY CARE, INC.

Principal Place of Business
12269 SW 144TH TERR.
MIAMI FL 33186

Mailing Address
12269 SW 144TH TERR.
MIAMI FL 33186



2. Principal Place of Business
325 W. 29 STREET
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HALEAH, FL

City & State

4. FEI Number
65-1081756

Applied For
 Not Applicable

Zip
33012

Country
DADE

Zip

Country

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

6. Name and Address of Current Registered Agent

JIMENEZ, LESLIE
12269 SW 144TH TERR.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **LESLIE PICALLO**
 Street Address (P.O. Box Number is Not Acceptable)
18266 MEDITERRANEAN BLVD #803
 City **Miami** FL Zip Code **33015**

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]*

2/19/02

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)

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 Delete
 NAME **PTD PICALLO, LAZARO**
 STREET ADDRESS **12269 SW 144TH TERR.**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE Delete
 NAME **VPSD JIMENEZ, LESLIE**
 STREET ADDRESS **12269 SW 144TH TERR.**
 CITY-ST-ZIP **MIAMI FL 33186**

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 **PTD PICALLO, LAZARO**
 STREET ADDRESS **18266 Mediterranean Blvd #803**
 CITY-ST-ZIP **Miami, FL 33015**

TITLE Change Addition
 NAME **VPSD PICALLO, LESLIE**
 STREET ADDRESS **18266 Mediterranean Blvd #803**
 CITY-ST-ZIP **Miami, FL 33015**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *[Signature]*

2/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)