

# 2003 UNIFORM BUSINESS REPORT (UBR)

016452

DOCUMENT #

P01000047298

1. Entity Name

LOVELY STARS CHILD CARE INC

2003

FILED

03 JUN 26 AM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

16131 SW 301 Street  
Homestead, Florida 33033

SAme

2. Principal Place of Business

24953 SW 135th Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Princeton, Florida

City & State

4. FEI Number

65-1103857

Applied For

Not Applicable

Zip

Country

Zip

Country

33032

State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Carlos Llerena  
18130 SW 136th Court  
Miami, Florida 33177

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

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

(NOTE: Registered Agent signature required when reinstating)

6/24/03  
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, 2004 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☐ Delete  
NAME Carlos Llerena  
STREET ADDRESS 18130 SW 136th Ct  
CITY-ST-ZIP Miami, FL 33177

TITLE P/D ☐ Change ☒ Addition  
NAME Carlos Llerena  
STREET ADDRESS 18130 SW 136th Ct  
CITY-ST-ZIP Miami, FL 33177

TITLE V/D ☐ Delete  
NAME Yurkis M. Llerena  
STREET ADDRESS 18130 SW 136th Ct  
CITY-ST-ZIP Miami, FL 33177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400021154714  
06/26/03--01024--001 \*\*550.00

TITLE S/D ☐ Delete  
NAME Luz M. Arnold  
STREET ADDRESS 16131 SW 301 Street  
CITY-ST-ZIP Homestead, FL 33033

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/03

Date

Daytime Phone #

CR2E034 (10/00)