

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90067 034 ***150.00

DOCUMENT # **P01000057367** ✓

1. Entity Name

PARADISE LAKES LEARNING CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16760 SW 88TH STREET

3. Mailing Address

16760 SW 88TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1124400

Applied For

Not Applicable

Zip

33196

Country

Zip

33196

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **SAMAROO, MAUREEN**

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

10870 SW 113 PLACE

City

MIAMI

FL

Zip Code

33176

**DO NOT WRITE
IN THIS SPACE**

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

x M. Samaroo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

x 4/29/2002

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
SAMAROO, MAUREEN
10870 SW 113 PLACE
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
YANKANA, ANNETTE
11790 SW 61CT
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: **x M. Samaroo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2002

x 305-386 6600

386 66 00

CR20348 (12/01)