

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058356

1. Entity Name
LITTLE STARS CHILD CARE CENTER, INC.

Principal Place of Business
4501 GODDARD AVE
ORLANDO FL 32804

Mailing Address
4501 GODDARD AVE
ORLANDO FL 32804

2. Principal Place of Business
Little Stars Child Care Inc
Suite, Apt. #, etc.

3. Mailing Address
4501 Goddard Ave.
Suite, Apt. #, etc.

City & State
Orlando FL 32804
Zip
32804
Country
Orange

City & State
ORLANDO FL
Zip
32804
Country
Orange

4. FEI Number 59-3723681
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANIAPAM, JUSTINA
4501 GODDARD AVE
ORLANDO FL 32804

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.

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)

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	P	<input type="checkbox"/> Delete
NAME	PEASAH, MARTHA	
STREET ADDRESS	4501 GODDARD AVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANIAPAM, JUSTINA	
STREET ADDRESS	4501 GODDARD AVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEASAH, FLORENCE	
STREET ADDRESS	4501 GODDARD AVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 file 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 an officer, trustee, or receiver empowered.

SIGNATURE:

SIGNATURE AND CONSENT OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/02 (407) 521-7596
Date Daytime Phone #

(407) 578-8868

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

05-06-2002 90047 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)