

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

S/E

05-05-2003 91456 001 \*\*\*158.75

**DOCUMENT # P01000071756**

1. Entity Name

YESHUA TWILIGHT CHILD CARE CENTER, INC.

Principal Place of Business

11631 NW 7TH AVENUE  
MIAMI FL 33168, ste. A

Mailing Address

11631 NW 7TH AVENUE  
MIAMI FL 33168, ste. A

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR  
14-1985573

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANTOINE, JEANNETTE  
1305 NW 203RD STREET  
MIAMI FL 33169

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

*Jeannette Antoine, PD* JEANNETTE ANTOINE

4-30-03

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

(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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ANTOINE, JEANNETTE  
STREET ADDRESS 1305 NW 203RD STREET  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE VD  
NAME DE LACRUZ, BARBARA  
STREET ADDRESS 17050 NW 19TH AVENUE  
CITY-ST-ZIP MIAMI FL 33056 ☒ Delete

TITLE SD  
NAME YOLETTE, ANTOINE  
STREET ADDRESS 1300 NW 203 ST  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE TD  
NAME SAINTSURI, JAMES  
STREET ADDRESS 3537 SW 175TH AVENUE  
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VD  
NAME REV. JACQUELINE JEAN  
STREET ADDRESS 17555 NW 1 AVE  
CITY-ST-ZIP MIAMI, FL 33168 ☐ Change ☒ Addition

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

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: *Jeannette Antoine, PD* JEANNETTE ANTOINE 4-30-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 254-9488

CR2E034 (10/02)