## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Aug 05, 2002 8:00 am Secretary of State P01000085363 DOCUMENT # 08-05-2002 90003 016 \*\*\*150.00 THE GIVING TREE CHRISTIAN LEARNING CENTER AT DOR AL. INC. Principal Place of Business Mailing Address 11250 SW 30TH STREET 11250 SW 30TH STREET 972485 **MIAMI FL 33165** MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address 1402 NWSuite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1134002 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent. 7.-Name and Address of New Registered Agent MENDOZA, SILVIA MARIA Street Address (P.O. Box Number is Not Acceptable) 11402 NW 41 STREET, BAY 107 **MIAMI FL 33178** City 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (4/02)Delete TITLE Change ☐ Addition NAME MENDOZA, SILVIA MARIA NAME 11250 SW 30TH STREET STREET ADDRESS CR2E034 STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/02 3

305 485 4867

Affachmentt

97265

August 1, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 33302-1500

## Dear Sirs/Madams:

This letter is to notify your office that our corporation (The Giving Tree Christian Learning Center at Doral, Inc.) did not receive a prior notice. If you kindly waive the late fee, it would be greatly appreciated. Enclosed is the original filing fee of \$150.00 and the completed UBR form. Thank you very much.

Sincerely,

Silvia M. Mendoza

President/Director