FOR PROFIT CORPORATION.

Secretary of State UNIFORM BUSINESS REPORT (UBR) 06-18-2002 90488 007 ***150.00 **DOCUMENT #** P01000086172 1. Entity Name BEGINNINGS CHILD CARE CENTER, INC. BRIGHT 803910 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 32nd Avene 4700 4700 32nd Avenue Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Beach FL. Vers Beach FC 43-1949895 Not Applicable ^{Zip} 32967 Zip 32967 Country Country \$8.75 Additional 5. Certificate of Status Desired US 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 4700 32~1 Avenue City 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 (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 . 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE CRZE034B (12/01 Richardson, Bunita NAME MAME STREET ADORESS 4700 322 Avenue STREET ADDRESS Ver Beach CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Richardson, Willie Jr. NAME NAME STREET ADDRESS STREET ADDRESS 4700 32ms Auswe CITY-ST-ZIP CITY-ST-ZIP Ver Beach, fu TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

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CITY-ST-ZIP

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TITLE NAME

SIGNATURE:

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DITLE NAME

FILED Jun 18, 2002 8:00 am



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

May 29, 2002

BRIGHT BEGINNINGS CHILD CARE CENTER, INC. 4700 32ND AVENUE VERO BEACH, FL 32967

Subject: BRIGHT BEGINNINGS CHILD CARE CENTER, INC.

Reference Number:

~PC1000086172~

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rg ANNUAL REPORTS SECTION