2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2002 8:00 am
Secretary of State
05-24-2002 91352 009 ***158.75

[redacted]

DOCUMENT # P01000101044

1. Entity Name
KID'S PALACE DAY CARE & LEARNING CENTER, INC.

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2. Principal Place of Business	3. Mailing Address
6020 W. 14 CT.	6020 W. 14 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33012 Country: USA	Zip: 33012 Country: USA

4. FEI Number 65-1145744 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Lilia E. Soto
Street Address (P.O. Box Number is Not Acceptable): 6020 W. 14 Ct.
City: Hialeah FL Zip Code 33012

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) ☒

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	P/T/S	TITLE	
NAME	SOTO, LILIA E.	NAME	
STREET ADDRESS	6020 W. 14 CT.	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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: Lilia E. Soto 4/30/02 (305)826-0781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LILIA E. SOTO, PRES.