

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90175 013 \*\*\*150.00

**DOCUMENT # P01000106248**

1. Entity Name  
**ELSA KIDS DAY CARE CENTER, INC.**

Principal Place of Business  
**4538 W. HIAWATHA ST.**  
**TAMPA FL 33614**

Mailing Address  
**4538 W. HIAWATHA ST.**  
**TAMPA FL 33614**

2. Principal Place of Business  
**6315 W. Chelsea St**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Tampa FL**

City & State

4. FEI Number  
**99-3755055**

Applied For  
 Not Applicable

Zip  
**33624**

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

**HERNANDEZ, ELSA**  
**4538 W. HIAWATHA ST.**  
**TAMPA FL 33614**

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

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

(NOTE: Registered Agent signature required when registering)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>President</b>			
	<b>Elsa Hernandez</b>			
	<b>6315 W. Chelsea St</b>			
	<b>Tampa FL 33624</b>			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.

SIGNATURE: X

**SIGNATURE**

**8/6/02**

Date

Daytime Phone #

CR2E034 (4/02)