2003 FOR PROFIT CORPORATION

Mailing Address

MIAMI FL 33138

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

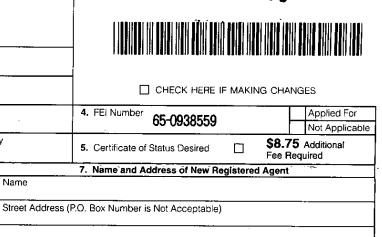
650 N.E. 88TH TERRACE

UNIFORM BUSINESS REPORT (UBR P01000119060 DOCUMENT # 1. Entity Name KIDS VILLAGE MONTESSORI SCHOOL & DAY CARE CENTER , INC.

FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90096 006 ***150.00

*A011/24



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.

Country

Name

City

SIGNATURE

Principal Place of Business

2. Principal Place of Business

650 N.E. 88TH TERRACE

Suite, Apt. #, etc.

City & State

FILINGS, INC.

3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132

Zip

MIAMI FL 33138

FILE NOW!!! FEE IS \$150,00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10.	OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete IBRAHIM, MOHAMED 650 N.E. 88TH TERRACE MIAMI FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS _CITY-ST_ZIP.	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-7IP	☐ Change	Addition

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 10 or Block 11 if changed, or on an attachment with a

SIGNATURE:

Date

Daytime Phone #