2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000001239 **DOCUMENT #**

1. Entity Name

CHILDREN'S WONDERLAND CHILD CARE CORP.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90183 012 ***150.00

Principal Place of Business 14750 N.W 77 CT SUITE 335 MIAMI LAKES FL 33016			Mailing Address 14750 N.W 77 CT SUITE 335 MIAMI LAKES FL 33016								
2. Principal Place of Business			3. Mailing Address					OTH Bo ill both	})	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FE	01-0550168		-	plied For at Applicable	<u>_</u>
Zip Country			Zip	Country Country		5. C	5. Certificate of Status Desired				
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
		والرزا العملية للمريسينات	S	~	Name	م					7
GONZALE	ez, Pedro										
14750 N.	W 77 CT			Street Address (F			x Number is Not Acceptable)				
SUITE 33											1
MIAMI LA	16			City			FL	Zip Cod		$\left\{ \right.$	
the obliga	e named entity tions of regist		or the purpose of chai	nging its registe	red office or regis	stered ager	nt, or both, in the State of Florida	a. I am fami	liar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Register	ed Agent signature requ	uired when rein	stating)	DATE			
											-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o			f State				Election Campaign Finance Trust Fund Contribution.	cing		May Be to Fees	
10.	,	OFFICERS AND	DIRECTORS	11.		ADD	ITIONS/CHANGES TO OFFICE	RS AND DIF	RECTORS	5 IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GONZALE 14750 N.W MIAMI LAK		Del	NAI Str					Change	☐ Addition	700/01/ 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALE 14750 N.W	Z, MIRIAM	₩ Del	NAI STR	i				Change	Addition	1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14750 N.W	Z, JACKIE=	□ Del	STR	LE ME TADDRESS Y-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14750 N.W	Z, PEDRO JR 177 CT ES FL 33016	□ Del	NAM STR	l l				Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Del	NAM STR		_			Change	Addition	}
TITLE			☐ Dele	ete TITL	E				Change	Addition	1

12. I hereby certify that the information expolled 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 supplied each time 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 justified encowered 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 an advised with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ECOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR