

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91896 005 ***150.00

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1. Entity Name
BRIGHT HORIZONS OF RAMBLEWOOD, INC.



Principal Place of Business
5140 PERIGNON WAY
CORAL SPRINGS FL 33067

Mailing Address
5140 PERIGNON WAY
CORAL SPRINGS FL 33067

2. Principal Place of Business

8630 RAMBLEWOOD DR
Suite, Apt. #, etc.

3. Mailing Address

6797 NW 110 WAY
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

CORAL SPRINGS, FLORIDA

City & State

PARKLAND, FLORIDA

Zip
33071

Country
USA

Zip
33076

Country
USA

4. FEI Number

02-0553736

Applied For

☐ Not Applicable

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

CORELHO, VALDEMIRO
5140 PERIGNON WAY
CORAL SPRINGS FL 33067

Name
CORELHO, VALDEMIRO
Street Address (P.O. Box Number is Not Acceptable)
6797 NW 110 WAY
City & State
PARKLAND, FL
Zip Code
33076

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	CORELHO, VALDEMIRO	6797 NW 110 WAY	PARKLAND, FL 33076		
DIRECTOR	CORELHO, ALLISON	6797 NW 110 WAY	PARKLAND, FL 33076		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VALDEMIRO CORELHO

DATE

4/30/03

Daytime Phone #

954

658 2253

CR2034 (10/02)