

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000060299**

1. Entity Name

LITTLE HANDS ON LEARNING ACADEMY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -4 AM 8:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4961 SW 148 Ave

3. Mailing Address

5001 SW 74th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

DO NOT WRITE IN THIS SPACE

MRS

City & State

DAVE FL

City & State

MIAMI FL

4. FEI Number

16-1619631

Applied For

Not Applicable

Zip

33330

Country

BROWARD

Zip

33155

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS M. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

5001 SW 74th Ct #202

City

MIAMI

FL

Zip Code

33155

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT / SECRETARY / O**
NAME **AURORA AVILA**
STREET ADDRESS **5001 SW 74th Ct #202**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100022079661
08/05/03--01073--022 **150.00

TITLE **VICE-PRESIDENT / TREASURER / O**
NAME **LISITTE AVILA**
STREET ADDRESS **5001 SW 74th Ct #202**
CITY-ST-ZIP **MIAMI FL 33155**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/08/03

Date

Daytime Phone #

1-954-588-9181

CR2E034B (12/02)

LITTLE HANDS ON LEARNING ACADEMY, INC.
5001 S.W. 74th Court # 202
Miami, FL 33155

July 16, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Little Hands on Learning Academy, Inc.
FEIN # 16-1619631
2003 Uniform Business Report

Gentlemen:

Please be informed that our address has changed. Also be informed that we never received the Business Report Form for the year 2003 in order to make our payment.

Following our telephone conversation, we ask you to please wave the late fee penalty and to credit the enclosed check # 1663 in the amount of \$150.00 accordingly for the above mentioned matter.

We apologized for the inconvenience and thank you in advance for your cooperation.

Respectfully,

Luis M. Gonzalez
President