

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90114 039 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000063273			
1. Entity Name WE CARE LEARNING CENTER, INC			
Principal Place of Business 9501 BRAYFIELD CT TAMPA, FL 33615		Mailing Address 9501 BRAYFIELD CT TAMPA, FL 33615	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 030462994		Applied For Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent CARDENAS, MARCELA 16269 INDIAN QUEEN DRIVE ODESSA, FL 33666			
7. Name and Address of New Registered Agent 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 dissolving) DATE _____			
FILE NOW WITH 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	P	☐ Delete	
NAME	CARDENAS, MARCELA		
STREET ADDRESS	9501 BRAYFIELD CT		
CITY-ST-ZIP	TAMPA, FL 33615		
TITLE	V	☐ Delete	
NAME	CADEZAS, SANDRA		
STREET ADDRESS	9501 BRAYFIELD CT		
CITY-ST-ZIP	TAMPA, FL 33615		
TITLE	S	☐ Delete	
NAME	GIRADO, ROSANA		
STREET ADDRESS	9501 BRAYFIELD CT		
CITY-ST-ZIP	TAMPA, FL 33615		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 like empowered.			
SIGNATURE: <i>Marcela Cardenas</i> 3/20/03 817-806-7797			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

10054261



☐ CHECK HERE IF MAKING CHANGES

CR2034 (1/02)