


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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90190 020 ***150.00

DOCUMENT # P02000065020

1. Entity Name
LITTLE KINGDOM CHILD CARE CENTER II, INC.



Principal Place of Business
**9530 S.W. 25TH DRIVE
MIAMI FL 33165**

Mailing Address
**9530 S.W. 25TH DRIVE
MIAMI FL 33165**



2. Principal Place of Business
1000 N. Krome Avenue

3. Mailing Address
1000 N. Krome Avenue

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Homestead, FL

City & State
Homestead, FL

4. FEI Number
42-1540155

Applied For
 Not Applicable

Zip
33030

Country
U.S.A.

Zip
33030

Country
U.S.A.

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

GONZALEZ, ILEANA
9520 S.W. 25TH DRIVE
MIAMI FL 33165

Name
Julio C. Hernandez

Street Address (P.O. Box Number is Not Acceptable)
1000 N Krome Avenue

City
Homestead **FL** Zip Code
33030

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: *Julio C. Hernandez* **Julio C. HERNANDEZ** **4/15/2003**

Signature, typed or printed name of registered agent and title 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, MARIA E 9530 S.W. 25TH DRIVE MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERNANDEZ, JULIO C 9530 S.W. 25TH DRIVE MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 like empowered.

SIGNATURE: *Julio C. Hernandez* **SIGNATURE REQUIRED** **4/15/2003** **305 246-5111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)