2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000087422

Name:

Address: City-St-Zip: ROBLES, FERNANDO

1440 CORAL RIDGE DRIVE # 125

CORAL SPRINGS, FL 33071

Entity Name: MY SECOND HOME PRESCHOOL AT SHERIDAN ST, INC

FILED May 31, 2003 Secretary of State

| Current P | rincipal Place | e of Business: | New Principal Place | New Principal Place of Business: | |
|--|-----------------------------|---------------------------------|---|---|--|
| | RIDAN STREE OD, FL 33020 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | AL RIDGE DF | RIVE | | | |
| PMB 125 CORAL SI | PRINGS, FL 3 | 3071 | | | |
| FEI Number: 14-1842261 FEI Number Applied For | | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 1440 COR PMB 125 CORAL SR The above in the State | e of Florida. | 3071 | purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATURE: Electronic Signature of Registered Agent | | | ent | Date | |
| Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: P () Delete | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Name: Address: City-St-Zip: | ROBLES, FER | , NANDO RIDGE DRIVE # 125 | Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ROBLES, FER | RIDGE DRIVE# 125 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | T (|) Delete | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FERNANDO ROBLES P 05/31/2003