

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0175369 AV

DOCUMENT # P02000093652

1. Entity Name  
THINKING CAP CHILD CARE & LEARNING CENTER, INC.



04-30-2003 90100 035 \*\*\*150.00

Principal Place of Business  
11960 S.W. 271ST ST.  
HOMESTEAD FL 33032

Mailing Address  
11960 S.W. 271ST ST.  
HOMESTEAD FL 33032



2. Principal Place of Business

3. Mailing Address

11960 S.W. 271st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

Homestead Fla

Homestead Fla

Zip

Country

Zip

Country

33032

Deade

33032

Deade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

56-2289395

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

LEWIS, OBAYEMI  
11960 S.W. 271ST ST.  
HOMESTEAD FL 33032

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 \_\_\_\_\_ (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	PD	<input type="checkbox"/> Delete
NAME	BROWN, VENIQUE	
STREET ADDRESS	11960 S.W. 271ST ST.	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS, OBAYEMI	
STREET ADDRESS	11960 S.W. 271ST ST.	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Venique Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

Daytime Phone #

CR2E034 (10/02)