

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90109 040 ***150.00

0056538 AV

DOCUMENT # P02000099429

1. Entity Name

CREATIVE MINDS LEARNING CENTER, INC.



Principal Place of Business
3545 SW 139TH AVENUE
MIAMI FL 33175

Mailing Address
3545 SW 139TH AVENUE
MIAMI FL 33175

2. Principal Place of Business

→ 18120 Collins Ave.
Suite, Apt. #, etc.

3. Mailing Address

3545 SW 139 Ave
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Sunny Isles, FL

City & State

Miami FL

4. FEI Number

→ 37-1442102

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33175

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, TERESA T
3545 SW 139TH AVENUE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name **Same**

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

Ramos

8/15/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, TERESA T 3545 SW 139TH AVENUE MIAMI FL 33175	<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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/03

DATE

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT
~~P02000099429~~ 8/15/03
80139561

TO DIVISION OF CORPORATIONS

RE. DOCUMENT # P02000099429

TO WHOM IT MAY CONCERN:

ENCLOSED is a check for the amount of \$150.00. I did not receive a first notice and that is why I didn't file by the original due date. I'm asking that you take that in consideration and waive the late charges. This is the first year we file and were not aware of these fees. We appreciate any assistance in this matter.

Thank you,

(786) 285-2244 Teresa Ramus
100 # President - CREATIVE KIDS
LEARNING CENTER