

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

FILED

03 NOV -7 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000100328

1. Entity Name

LEARNING TOGETHER DAY CARE
CENTER, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4931 COCONUT CREEK PKW

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

COCONUT CREEK, FL

City & State

Zip

33063

Country

USA

Zip

Country

4. FEI Number

11-3652717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name MERCEDES A ULLOA

Street Address (P.O. Box Number is Not Acceptable)

4931 COCONUT CREEK PKW

City COCONUT CREEK

FL

Zip Code 33063

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DP
NAME DP
STREET ADDRESS ULLOA, MERCEDES A
CITY-ST-ZIP 4931 COCONUT CREEK PKW
COCONUT CREEK, FL 33063

TITLE DV
NAME ULLOA JOSE M
STREET ADDRESS 4931 COCONUT CREEK PKW
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE DST - ULLOA MARIA A
NAME DST - ULLOA MARIA A
STREET ADDRESS 4931 COCONUT CREEK PKW
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE SECRETARY
NAME MIGUEL A. CURCI
STREET ADDRESS 5440 N. STATE RD 7 #218
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL A. CURCI SECRETARY

Date 10.02.03 Daytime Phone # 94-731-7818

CR2E034B (12/02)

LEARNING TOGETHER DAY CARE CENTER, INC
4931 COCONUT CREEK PKW
COCONUT CREEK, FL 33063
P02000100328

November 3, 2003

Florida Department of State

Re: Application for Reinstatement

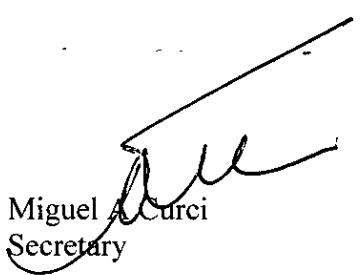
Dear Sir (Madam):

As per our conversation with one of your officers last Friday, we were informed that because we have not received the Uniform Business Report (2003) due to change of address, it is necessary to inform to you about this situation.

Unfortunately the 2003 UBR was not sent for the reason above mentioned. Actually we are including a check for \$150 in order to pay 2003 UBR and all updated information.

We apologize for this inconvenience since this is the first time we hat to file this form.

If you need additional information, please contact us.


Miguel A. Curci
Secretary