FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90047 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000123226

1. Entity Name
OUR CHILDREN'S PALACE CHILD CARE CENTER, CORP.

Principal Place of Business	Mailing Address
6411 NW 199 LANE MIAMI, FL 33015	6411 NW 199 LANE MIAMI, FL 33015

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8872 NW 7 AVE Suite, Apt. #, etc.	6406 NW 199 lane Suite, Apt. #, etc.
City & State: Miami FLorida	City & State: Miami FLorida
Zip: 33150 Country: US	Zip: 33015 Country: US

4. FEI Number 22-3885965 ☐ Applied For ☐ 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
SOSA, JANET 6411 NW 199 LANE MIAMI, FL 33015	Name: SOSA, JANET Street Address (P.O. Box Number Is Not Acceptable): 6406 NW 199 Lane City: Miami FL Zip Code: 33015

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: Janet Sosa Janet Sosa 5-1-03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 ROMERO, FREDDY 6411 NW 199 LANE MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROMERO, FREDDY 6406 NW 199 Lane Miami FL 33015	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORALES, MANUEL 6411 NW 199 LANE MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Morales, Manuel 6406 NW 199 lane Miami FL 33015	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORALES, ROSA 6411 NW 199 LANE MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORALES, ROSA 6406 NW 199 lane Miami FL 33015	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Janet Sosa Janet Sosa 5-1-03 305-627-5496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #