

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00036

DOCUMENT # P02000130520

1. Entity Name

APPLETREE FAMILY CHILD CARE, INC.



**FILED**  
**Feb 11, 2003 8:00 A.M.**  
**Secretary of State**

Principal Place of Business

5100 EAST 8TH AVE  
HIALEAH FL 33013

Mailing Address

5100 EAST 8TH AVE  
HIALEAH FL 33013

2. Principal Place of Business

(Same) 5100 E. 8th Ave

3. Mailing Address

(Same) 5100 E. 8th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah, FL

4. FEI Number

72-1542358

Applied For

Not Applicable

Zip

33013

Country

USA

Zip

33013

Country

Dade/USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORELL, ELENA  
8270 NW 166TH TERRACE  
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

(Same) Name Morell, Elena  
Street Address (P.O. Box Number is Not Acceptable)  
8270 N.W. 166th Terrace  
City Miami Lakes FL Zip Code 33016

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

~~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

TITLE DP ☐ Delete  
NAME MORELL, ELENA  
STREET ADDRESS 8270 NW 166TH TERRACE  
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE VP ☐ Delete  
NAME CALZADILLA, MARIA  
STREET ADDRESS 8366 WEST 14TH AVE  
CITY-ST-ZIP HIALEAH FL 33014

TITLE T ☐ Delete  
NAME MORELL, ABILIO M  
STREET ADDRESS 8270 NW 166TH TERRACE  
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
400012318814  
02/11/03--01070--024 \*\*158.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE OF SIGNED Elena Morell 2-3-03 (TB) 251-0362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)