

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

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90096 006 ***150.00

DOCUMENT #	P06000065709
1. Entity Name	
YACQUI DAYCARE INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
601 SE 9 AVE		Suite, Apt. #, etc.	
City & State		City & State	
HIALEAH, FL			
Zip	Country	Zip	Country
33010			

40014721

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
20-4850198		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
PRIETO, JACQUELINE	
Street Address (P.O. Box Number is Not Acceptable)	
601 SE 9 AVE	
City	Zip Code
HIALEAH	FL 33010

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 Jacqueline Prieto **JACQUELINE PRIETO** **1/9/2007**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PRIETO, JACQUELINE
STREET ADDRESS	601 SE 9 AVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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11.

TITLE	
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CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Jacqueline Prieto **JACQUELINE PRIETO** **1/9/2007** **(305) 885-7860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**