

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017624

1. Entity Name

PARADISE DAYCARE CENTER, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90126 045 ***158.75

Principal Place of Business

3311 NW 29TH ST
LAUDERDALE LAKES FL 33311
US

Mailing Address

3488 NW 25TH ST
LAUDERDALE LAKES FL 33311-2620
US

2. Principal Place of Business

3. Mailing Address

3311 NW 29th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lauderdale Lakes

City & State

City & State

FL 3

Zip

Country

Zip

33311

Country

Broward

4. FEI Number

65-0475044

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

SPENCE, JOHN

3488 NW 25TH STREET
LAUDERDALE LAKES FL 33311

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SPENCE, JOHN
CITY-ST-ZIP 3488 NW 25TH STREET 25th St
LAUDERDALE LAKES FL

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Althea C Spence
CITY-ST-ZIP 3488 NW 25th St

TITLE ☐ Delete
NAME Spence, John
STREET ADDRESS 3488 NW 25th St
CITY-ST-ZIP Lauderdale Lakes
FL 33311

TITLE ☐ Change ☐ Addition
NAME Lauderdale Lakes
STREET ADDRESS FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Spence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/00
Date

954 730 3351
Daytime Phone #

CR2E034 (9/99)