

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023464

1. Entity Name

OLGA'S PRE-SCHOOL & DAY CARE INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90149 041 ***150.00

Principal Place of Business	Mailing Address
780 NW LEJEUNE RD SUITE 427 MIAMI FL 33126	780 NW LEJEUNE RD SUITE 427 MIAMI FL 33126

2. Principal Place of Business	3. Mailing Address
3005-3007 SW 107 AVE	3005-3007 SW 107 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
MIAMI, FL 33165	MIAMI, FL 33165
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0476638	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRUZ, ALEJANDRINA G 780 NW LEJEUNE RD SUITE 427 MIAMI FL 33126	Name CRUZ ALEJANDRINA G. Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJEUNE RD SUITE 439 City MIAMI, FL FL Zip Code 33126

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		DATE	01-28-2000
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	
NAME	SUAREZ, OLGA	NAME	
STREET ADDRESS	14533 SW 108 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VPSD	TITLE	
NAME	SUAREZ, RAMON	NAME	
STREET ADDRESS	14533 SW 108 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:		Date	2/4/00	Daytime Phone #	305-221-3422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					