

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90100 045 ***150.00

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

DOCUMENT # P94000088615

1. Entity Name GOLDEN PYRAMID KIDZ DAYCARE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
117 SW 1st STREET

Suite, Apt. #, etc.

3. Mailing Address 9838 SW 117th CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HALLANDALE, FL

City & State
MIAMI, FL

4. FEI Number 65-0541-744

Applied For
Not Applicable

Zip
33009

Country

Zip
33186

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name HAKEEM OSHIKOYA

Street Address (P.O. Box Number is Not Acceptable)
9838 SW 117th COURT

City MIAMI FL Zip Code 33186

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OMOTOLANI O OSHIKOYA
9838 SW 117th COURT
MIAMI, FL. 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HAKEEM K OSHIKOYA
9838 SW 117th COURT
MIAMI, FL 33186

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)