## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE:

## Mar 23, 2000 8:00 am Secretary of State DOCUMENT # P95000079380 1. Entity Name BRIGHT FUTURE EARLY LEARNING CENTER, INC. 03-23-2000 90029 047 \*\*\*150.00 Mailing Address Principal Place of Business 5041 N.W. 97TH DRIVE 3811 CORAL SPRINGS DR CORAL SPRINGS FL 33076-2458 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0617972 Not Applicable -Zip Zip = Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOPE. DENNIS Street Address (P.O. Box Number is Not Acceptable) 5041 N.W. 97TH DRIVE **CORAL SPRINGS FL 33076** Zip Code 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. BUNIS MOPET Signature, typed or printed name of registered FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE DPS ☐ Delete TITLE NAME NAME MOPE, DENNIS STREET ADDRESS STREET ADDRESS 5041 N.W. 97TH DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 secure his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**