

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080738

1. Entity Name

ANGELEE DAY CARE CENTER, INC.



Principal Place of Business

815 ATLANTIC AVENUE  
OPA-LOCKA FL 33147

Mailing Address

815 ATLANTIC AVENUE  
OPA-LOCKA FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0654467

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name ANGELA G. Wilson

Street Address (P.O. Box Number is Not Acceptable)

815 ATLANTIC AVE

City OPA-LOCKA

FL

Zip Code

33054

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 *Angela G. Wilson*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PSTD  
NAME WILSON, ANGELA G  
STREET ADDRESS 815 ATLANTIC AVENUE  
CITY-ST-ZIP OPA-LOCKA FL 33147 ☐ Delete

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

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/00

Date

305)685-8193

Daytime Phone #

FILED  
Aug 17, 2000 8:00 am  
Secretary of State

08-17-2000 90573 016 \*\*\*150.00

A0073201



DO NOT WRITE IN THIS SPACE

Attachment # 095000080138  
A0073207

To Whom this may  
concern I Angela S. Nelson  
didn't received a copie  
of the Uniform Business  
Report of the First Notice  
if there any question  
concerning this Matter  
please contact me 305-688-  
8193

Thank you  
Mrs Angela S. Nelson