

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080738

1. Entity Name
ANGELEE DAY CARE CENTER, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90175 021 ***150.00

Principal Place of Business
815 ATLANTIC AVENUE
OPA-LOCKA FL 33147

Mailing Address
815 ATLANTIC AVENUE
OPA-LOCKA FL 33147

14130



DO NOT WRITE IN THIS SPACE

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	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILSON, ANGELA G
815 ATLANTIC AVE
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILSON, ANGELA G 815 ATLANTIC AVENUE OPA-LOCKA FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Angela G. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/01
Date

Daytime Phone #

CR2E034 (10/00)