

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000798

1. Entity Name

KIDDIE DAY CARE CENTER OF SOUTH FLORIDA, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90211 013 ***150.00

Principal Place of Business

Mailing Address

4601 SW 112TH AVE
MIAMI FL 33165

4601 SW 112TH AVE
MIAMI FL 33165-4767

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

65-0627814

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

ALVAREZ, MERIDA
~~9200 SW 43 ST~~
~~MIAMI FL 33165~~

Name

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

4601 SW 112 ave

City

MIAMI

FL

Zip Code

33165

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

Merida Alvarez
Signature, typed or printed name of registered agent and title is applicable.

Merida Alvarez

(NOTE: Registered Agent signature required when reinstating)

1-24-00

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DP
STREET ADDRESS ALVAREZ, MERIDA
CITY-ST-ZIP ~~9200 SW 43 ST~~
~~MIAMI FL 33165~~

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 4601 SW 112 ave
CITY-ST-ZIP MIAMI, FL 33165

TITLE ☐ Delete
NAME V
STREET ADDRESS GUAICO, SERGIO
CITY-ST-ZIP ~~9200 SW 43 ST.~~
~~MIAMI FL 33165~~

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 4601 SW 112 AVE
CITY-ST-ZIP MIAMI, FL 33165

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 ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
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

Merida Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

Date

Daytime Phone #

CR2E034 (9/99)