2000 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2000 8:00 am Secretary of State DOCUMENT # **P96000017164** WONDER YEARS CHILD CARE, INC. 04-21-2000 90174 048 ***150.00 Mailing Address Principal Place of Business 1904 ISOM LANE NORTHEAST 1430 KNECHT ROAD PALM BAY FL 32905-4613 PALM BAY FL 32905 THE DATE OF STATE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3361925 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED ber is Not Acceptable) (P.O. Box Num 343 ALMERIA AVENUE CORAL GABLES FL 33134 **ప**9*లక* 8. The above named entity submits this statement for the surpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 11. 12. PTD ☐ Addition Change ☐ Delete TITLE TITLE WANG, CHUNG NAN NAME STREET ADDRESS STREET ADDRESS 1904 ISOM LANE NORTHEAST CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 Change ☐ Addition ☐ Delete TITLE TITLE WANG, CHERYL LYNN NAME NAME STREET ADDRESS 1904 ISOM LANE NORTHEAST STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-7IP ☐ Change Addition TITLE Delete TITL F SCHULTZ, DANIELLE P NAME NAME 1298 LAMPLIGHTER DRIVE NORTHWEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS 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 ess, with all other like empowered

SIGNATURE: