

DOCUMENT # P96000039219

1. Entity Name

ABBY CHILD CARE CENTRE, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90028 042 \*\*\*150.00

Principal Place of Business

Mailing Address

10825 SW 184 ST
MIAMI FL 33157
US

10825 SW 184 ST
MIAMI FL 33157-6736
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0663029

Applied For
Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 \$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 PTD [ ] Delete
NAME AJILEYE, OMOTAYO B
STREET ADDRESS 10825 SW 184 ST
CITY-ST-ZIP MIAMI FL 33157

[ ] Change [ ] Addition

TITLE VSD [ ] Delete
NAME AJILEYE, ISAAC B
STREET ADDRESS 10825 SW 184 ST
CITY-ST-ZIP MIAMI FL 33157

[ ] Change [ ] Addition

TITLE [ ] Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition

TITLE [ ] Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition

TITLE [ ] Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition

TITLE [ ] Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition

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] (ISAAC B. AJILEYE) VSD

01-07-00

(305) 253-340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #