

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90301 039 \*\*\*150.00

11-04-03 AV

**DOCUMENT # P96000067108**

1. Entity Name  
**PLAY & LEARN CHILD CARE, INC.**



Principal Place of Business  
**3200 SOUTHWEST 107TH AVENUE  
MIAMI FL 33165  
US**

Mailing Address  
**C/O GRUBER AND ASSOCIATES PA  
~~1650 SOUTHEAST 17TH STREET 301~~  
FORT LAUDERDALE FL ~~33316 1705~~**

*6550 North*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0621496**

Applied For

Not Applicable

Zip

Country

*US*

Zip

*33308-1404*

Country

*US*

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VASALLO, MIGUEL A  
14205 SOUTHWEST 25TH TERRACE  
MIAMI FL 33175-8012**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
PLACERES, NILDA  
14205 SOUTHWEST 25TH TERRACE  
MIAMI FL 33175-8012**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
VASALLO, MIGUEL A  
14205 SOUTHWEST 25TH TERRACE  
MIAMI FL 33175-8012**

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/14/03 954-522-2222*

CR2E034 (10/02)