

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2000 8:00 am**
Secretary of State

04-26-2000 90183 001 ***150.00

DOCUMENT # P96000085823

1. Entity Name

EXCELSIOR NURSERY/CHILDCARE & PRE-SCHOOL CENTER,

Principal Place of Business

Mailing Address

**195 NW 156 STREET
FL 33169-6728****195 NW 156 STREET
MIAMI FL 33169-6728**

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

65-0742745

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

**KING, YVONNE
18411 NW 24TH AVE
MIAMI FL 33056-3242**

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 State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	<input type="checkbox"/> Delete	BONITTO, ESMIE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	192 NE 124TH ST		MIAMI FL 33161-6653				
	V	<input type="checkbox"/> Delete	KING, YVONNE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	18411 NW 24TH AVENUE		MIAMI FL 33056-3242				
	T	<input type="checkbox"/> Delete	PRICE, ROSE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	7817 MERIDIAN ST		MIRAMAR FL 33023-4260				
	S	<input type="checkbox"/> Delete	WILLIAMS, WYLENE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	2417 NW 43RD STREET		MIAMI FL 33142-4547				
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/19/00 (205) 948-9235

CR2E034 (9/99)