

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015083

1. Entity Name

PARENTING 101, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90003 033 ***150.00

Principal Place of Business

Mailing Address

10693 WILES RD
SUITE 182
CORAL SPRINGS FL 33076
US

10693 WILES RD
SUITE 182
CORAL SPRINGS FL 33076-2014
US

2. Principal Place of Business

10693 Wiles Rd

3. Mailing Address

Suite, Apt. #, etc.

PMB 182

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

Country

33076-2014

USA

Zip

Country

33076-2014

USA

4. FEI Number

65-0737864

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

GUERRERO, MERYL
8673 NW 57TH COURT
CORAL SPRINGS FL 33067

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	D	<input type="checkbox"/> Delete
NAME	GUERRERO, MERYL	
STREET ADDRESS	2335 E ATLANTIC BLVD, SUITE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guerrero, meryl	
STREET ADDRESS	10693 Wiles Rd, PMB#182	
CITY-ST-ZIP	Coral Springs, FL 33076-2014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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:

MERYL GUERRERO, MERYL GUERRERO

Date

4-13-00

Daytime Phone #

954/345-6169

CR2E034 (9/99)