

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015083

1. Entity Name  
PARENTING 101, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90032 001 \*\*\*150.00

Principal Place of Business  
10693 WILES RD  
PMB 182  
CORAL SPRINGS FL 33076-2014  
US

Mailing Address  
10693 WILES RD  
PMB 182  
CORAL SPRINGS FL 33076-2014  
US

756203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4630 N. University Dr.  
Suite, Apt. #, etc.  
PMB 221

3. Mailing Address  
4630 N. University Dr.  
Suite, Apt. #, etc.  
PMB 221

City & State  
Coral Springs, FL  
Zip  
33067  
Country  
USA

City & State  
Coral Springs, FL  
Zip  
33067  
Country  
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 \_\_\_\_\_ (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, 2001 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	P	<input type="checkbox"/> Delete
NAME	GUERRERO, MERYL	
STREET ADDRESS	10693 WILES RD-PMB 182	
CITY-ST-ZIP	CORAL SPRINGS FL 33076-2014	
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	4630 N. University Dr., PMB 221	
CITY-ST-ZIP	Coral Springs FL 33067	
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 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: Meryl Guerrero, President 4/26/01 954/345-6469  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)