

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008060

1. Entity Name

TODDLER TECH ACADEMY - MIRAMAR, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90022 028 ***550.00

Principal Place of Business

2775 EAST OAKLAND PARK BLVD. #10
FORT LAUDERDALE FL 33308

Mailing Address

4750 OAKES ROAD
STE. M
DAVIE FL 33314

2. Principal Place of Business

3230 S DOUGLAS RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

4. FEI Number

65-0815069

Applied For

Not Applicable

Zip

33025

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEY, TIMOTHY H ESQ
189 BRADLEY PLACE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

KENNEY, TIMOTHY H ESQ

Street Address (P.O. Box Number is Not Acceptable)

120 BUTLER STREET

City

W PALM BEACH

FL

Zip Code

33407

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS LEVY, DAVID F 4750 OAKES ROAD, STE. M DAVIE FL 33314 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPFT LEVY, DAVID F 4750 OAKES ROAD, STE. M DAVIE FL 33314 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (5/00)