

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008064

1. Entity Name

TODDLER TECH ACADEMY - DAVIE, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90015 022 ***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

3337 N. UNIVERSITY DR
Suite, Apt. #, etc.
M

3. Mailing Address

Same as above
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL
33024 Country USA

City & State

Zip Country

4. FEI Number

65-0815073

Applied For

Not Applicable

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 WEST 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 PS
NAME LEVY, DAVID F
STREET ADDRESS 4750 OAKES ROAD, STE. M
CITY-ST-ZIP DAVIE FL 33314

TITLE VPFT
NAME JAGLE, ARNALDO F
STREET ADDRESS 4750 OAKES ROAD, STE. M
CITY-ST-ZIP DAVIE FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00 (954) 581-5445
Date Daytime Phone #

CR2E034 (5/00)