

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0369394 AV

DOCUMENT # P98000087305

1. Entity Name

BRIGHT HORIZONS OF SUNRISE, INC.



Principal Place of Business

4690 NW 113TH AVE.

SUNRISE FL 33323

US

Mailing Address

4690 NW 113TH AVE.

SUNRISE FL 33323

US

2. Principal Place of Business

3. Mailing Address

6797 NW 110 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND, FLORIDA

Zip

Country

33076

USA

4. FEI Number

65-0570178

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COELHO, ALLISON
4690 NW 113TH AVE.
SUNRISE FL 33323

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COELHO, ALLISON**
CITY-ST-ZIP **5140 PERIGNON WAY**
CORAL SPRINGS FL 33067

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **VACEMIRO COELHO**
CITY-ST-ZIP **6797 NW 110 WAY**
PARKLAND FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **ALLISON COELHO**
CITY-ST-ZIP **6797 NW 110 WAY**
PARKLAND FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED ALLISON M. COELHO

4/30/03

954-658-2252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)