

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093862

1. Entity Name

B & F CHILDCARE & LEARNING CENTER, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90066 006 ***150.00

Principal Place of Business

10702 N.E. 6TH AVENUE
MIAMI FL 33161

Mailing Address

10702 N.E. 6TH AVENUE
MIAMI FL 33161-7130

2. Principal Place of Business

10702 NE 6 AVE

Suite, Apt. #, etc.

3. Mailing Address

10702 NE 6 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33161

Country

DADE

Zip

33161

Country

DADE

4. FEI Number

65-0896682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORDON, RON ESQ.
335 NW 54TH ST.
MIAMI FL 33127

7. Name and Address of New Registered Agent

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

Marie A. Beaubien

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/06/00

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

TITLE PTSD
NAME BEAUBIEN, MARIE A
STREET ADDRESS 11842 NE 12TH CT.
CITY - ST - ZIP MIAMI FL 33161 ☐ Delete

TITLE VD
NAME FAUBLASS, MARCUS
STREET ADDRESS 11842 NE 12TH CT.
CITY - ST - ZIP MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Marie A. Beaubien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/06/00

Daytime Phone #

CR2E034 (9/99)