

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000093862****1. Entity Name**
B & F CHILDCARE & LEARNING CENTER, INC.**FILED**
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90131 030 ***150.00

Principal Place of Business
10702 N.E. 6TH AVENUE
MIAMI FL 33161**Mailing Address**
10702 N.E. 6TH AVENUE
MIAMI FL 33161

642371



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10702 NE 6TH AV
Suite, Apt. #, etc.**3. Mailing Address**
10702 NE 6 AVE
Suite, Apt. #, etc.**City & State**
MIAMI FL 33161**City & State**
MIAMI FL**4. FEI Number** 65-0896682☒ **Applied For**
☐ **Not Applicable****Zip**
33161**Country**
DADE**Zip**
33161**Country**
DADE**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**CORDON, RON ESQ.
335 NW 54TH ST.
MIAMI FL 33127**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**

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 \$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** PTSD ☐ Delete
NAME BEAUBIEN, MARIE A
STREET ADDRESS 11842 NE 12TH CT.
CITY-ST-ZIP MIAMI FL 33161**TITLE** PTSD ☐ Change ☐ Addition
NAME BEAUBIEN, MARIE A.
STREET ADDRESS 1045 NE 1203 ST
CITY-ST-ZIP MIAMI FL 33161**TITLE** VD ☐ Delete
NAME FAUCLASS, MARCUS
STREET ADDRESS 11842 NE 12TH CT.
CITY-ST-ZIP MIAMI FL 33161**TITLE** VD ☐ Change ☐ Addition
NAME FAUCLASS, MARCUS
STREET ADDRESS 1045 NE 1203 ST
CITY-ST-ZIP MIAMI, FL 33161**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:**Marie A. Beaubien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR04/09/01 (305) 2579711
Date Daytime Phone #

CR2E034 (10/00)