

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90353 031 ***150.00

DOCUMENT # P98000093862

1. Entity Name

B & F CHILDCARE & LEARNING CENTER, INC.

Principal Place of Business

**10702 N.E. 6TH AVENUE
 MIAMI FL 33161**

Mailing Address

**10702 N.E. 6TH AVENUE
 MIAMI FL 33161**

2. Principal Place of Business

10702 NE 6 AVE

3. Mailing Address

10702 NE 6 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

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. 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

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTSD
 BEAUBIEN, MARIE A
 1045 NE 120TH STREET
 MIAMI FL 33161** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 FAUBLASS, MARCUS
 1045 NE 120TH STREET
 MIAMI FL 33161** ☐ Delete

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment of
Doc # P980000938
120620

Baby's Inn

Care Center
10702 Ne 6Ave.
305-757-9711

7/10/2002

The delay that has occurred regarding my payment was due to the fact that I had never received the form from "Uniform Business Report", or it might have been dropped by the mailman in a different mailbox in the building which has more than one mail box.

Again, I apologize for this regrettable delay.

Marie Beaubien

Marie A. Beaubien