JUL-19-00 09:43 AM

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APPROVED AND FILED

00 JUL 21 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098853

1. Entity Name
LEARNING ADVENTURES Preschool AND DAYCARE, INC.

Principal Place of Business: 10510 N.W 67 Court Parkland Florida, 33076

Mailing Address: 10510 N.W. 67 Court Parkland, Florida 33076

2. Principal Place of Business	3. Mailing Address
10510 NW 67 COURT	10510 NW 67
Suite, Apt. #, etc.: Parkland	Suite, Apt. #, etc.: CORT
City & State: Florida	City & State: Parkland, Florida
Zip: 33076 / Country: US	Zip: 33076 / Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0887276 — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA ARDELLIE
10510 N.W. 67 court
Parkland, Fl. 33076

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: RIVERA ARDELLIE STREET ADDRESS: 10510 N.W. 67 Court CITY-ST-ZIP: Parkland Fl. 33076 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 700003337297--3 -07/26/00--01100--00 ****158.75 ****158.75
TITLE: D NAME: Gill James P. STREET ADDRESS: 10510 NW 67th Court CITY-ST-ZIP: Parkland Fl 33076 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (8/99)

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: Ardellie Rivera — 7/18/00 — (954) 755-7560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/20/00

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To: Michelle Milligan
Document Specialist

To: Department of State
Corporate & Regulation
Division

* Ref# P98000098853

* Letter # 600A000039900

In Reference to the letter dated this date 7/20/00 I am Responding with detail information that proves the property stolen from my Vehicle was before 1994. They said that I must have all Special documentation that was supposed to disposed in the mail Regarding our (VOR) Report.

I hope with this documentation, your Division will be able to waive the penalty.

If you have any question or need more information please contact me at (954) 592-8732

Thank You

Arcellie Rivera