

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098853

1. Entity Name

LEARNING ADVENTURES PRESCHOOL AND DAYCARE, INC.

Principal Place of Business

10510 N.W. 67TH COURT
PARKLAND FL 33076

Mailing Address

10510 N.W. 67TH COURT
PARKLAND FL 33076

2. Principal Place of Business

10601 WILES ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

4. FEI Number

65-0887276

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

Country

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

RIVERA, ARDELLIE

10510 N.W. 67TH COURT
PARKLAND FL 33076

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	D	<input type="checkbox"/> Delete
NAME	RIVERA, ARDELLIE	
STREET ADDRESS	10510 N.W. 67TH COURT	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, JAMES P	
STREET ADDRESS	10510 N.W. 67TH COURT	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01

Date

954-755-7560

Daytime Phone #

CR2E034 (10/00)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90031 037 ***150.00



DO NOT WRITE IN THIS SPACE