

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100217

1. Entity Name

LITTLE ANGELS QUALITY DAY CARE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90211 008 ***158.75

Principal Place of Business

2432-34 SW 137 AVE
MIAMI FL 33175

Mailing Address

~~12321 SW 28TH ST~~
~~MIAMI FL 33175~~

void

2. Principal Place of Business

2432-34 SW 137 Ave
Suite, Apt. #, etc.

3. Mailing Address

2432-34 SW 137 Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 3

City & State

Miami, FL 3

4. FEI Number

65-0878579

Applied For

Not Applicable

Zip

33175

Country

DADE

Zip

33175

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

TORRE, CANDELARIA M
12321 SW 28TH STREET
MIAMI FL 33175

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, 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	PD	<input type="checkbox"/> Delete
NAME	TORRE, CANDELARIA M	
STREET ADDRESS	12321 SW 28TH STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-01-00 305-5515777

CR2E034 (9/99)