

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**  
 05-18-2000 90391 050 \*\*\*150.00

**DOCUMENT # P99000005326**

1. Entity Name

**HISPANIC DAYCARE ASSOCIATES, INC.**

Principal Place of Business

ONE S.E. THIRD AVE., SUITE 2250  
 MIAMI FL 33131

Mailing Address

ONE S.E. THIRD AVE., SUITE 2250  
 MIAMI FL 33131-1716

**B0095451**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**255 UNIVERSITY DR**  
 Suite, Apt. #, etc.

3. Mailing Address

**255 UNIVERSITY DR**  
 Suite, Apt. #, etc.

City & State

**Coral Gables FL**

City & State

**Coral Gables FL**

FEI Number

**45-0888010**

Applied For

Not Applicable

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IGLESIAS, MANUEL E ESQ.**  
**ONE S.E. THIRD AVE., SUITE 2250**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **ENRIQUE VENTURA JR ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable) **255 UNIVERSITY DR**  
**Coral Gables, FL**  
 City **FL** Zip Code **33134**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

**ENRIQUE VENTURA**

**4-28-00**

(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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>IGLESIAS, MANUEL E</b>	
STREET ADDRESS	<b>ONE S.E. THIRD AVE., SUITE 2250</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROLANDO P. CASTELLANOS</b>	
STREET ADDRESS	<b>7269 W 30 CT.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33134</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILFREDO CALVINO</b>	
STREET ADDRESS	<b>13323 SW 17 ST.</b>	
CITY-ST-ZIP	<b>MIAMI - FL 33175</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-00**

Date

Daytime Phone #

CR20014 (9/99)