## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000005326

Entity Name: HISPANIC DAYCARE ASSOCIATES, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13323 SW 27ST MIAMI, FL 33175 US

Current Mailing Address: New Mailing Address:

13323 SW 27ST MIAMI, FL 33175 US

FEI Number: 65-0888010 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IGLESIAS, MANUEL
2300 OLD CUTLER RD.
MIAMI, FL 33156

IGLESIAS, MANUEL E
7240 SW 58TH STREET
MIAMI, FL 33146

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: MANUEL E. IGLESIAS 04/30/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PT
 ( ) Delete
 Title:
 S
 (X) Change ( ) Addition

 Name:
 CASTELLANOS, ROLANDO P
 Name:
 CASTELLANOS, ROLANDO P

 Address:
 7269 W 30 CT
 Address:
 7269 W 30 CT

 City-St-Zip:
 HIALEAH, FL 33118
 City-St-Zip:
 HIALEAH, FL 33118

Title: S ( ) Delete Title: PD (X) Change ( ) Addition
Name: WIL FREDO CALVINO Name: WIL FREDO CALVINO

 Name:
 WILFREDO, CALVINO
 Name:
 WILFREDO, CALVINO

 Address:
 13323 SW 27 ST.
 Address:
 13323 SW 27 ST.

 City-St-Zip:
 MIAMI, FL 33175
 City-St-Zip:
 MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILFREDO CALVINO, JR. PD 04/30/2002