

00-03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 12 AM 8:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000009758

1. Entity Name

DUHART'S DAY CARE CENTER,
INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5580 NW 7 AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

Country

Zip

Country

33127

4. FEI Number

65-0085168

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name MICHAEL TAYLOR

Street Address (P.O. Box Number is Not Acceptable)

7590 NW 186 ST.

SUITE 207

City

MIAMI

FL

Zip Code

33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when rotating)

DATE

4/30/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPPRESIDENT
PERRY DUHART
5580 NW 7 AVE.
MIAMI, FL 33127TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP100019840941
05/23/03--01043--013 **150.00TITLE
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IN THIS SPACE

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTORNEY-IN-FACT 4/30/03 305 828 1484

CR2E034B (12/02)

5/20

ATTACHMENTS #
P99000009758



7590 NW 186th Street, Suite 207 Miami Lakes, FL 33015

Ph: 305.828.1484 Fax: 305.828.1486

April 30, 2003

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Duhart's Day Care Center Inc.

After contacting your office regarding the administrative dissolution of Duhart's Day Care Center Inc., I was advised to make the following request in writing.

The annual report was not received in the mail resulting in the report not being filed in a timely manner. I am hereby requesting that the penalty be waived and am including the amount of \$600.00 (six hundred dollars) to bring the filing current.

Sincerely,

Michael Taylor
Registered Agent.

E-MAIL: accountingtax2003@yahoo.com