

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031327

1. Entity Name
AMY'S FAMILY DAYCARE, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State
07-28-2000 90151 039 ***150.00

Principal Place of Business
1120 NORTHWEST 83RD WAY
PEMBROKE PINES FL 33024

Mailing Address
1120 NORTHWEST 83RD WAY
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0909685

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CUMMINGS-APONTE, AMY K
1120 NORTHWEST 83RD WAY
PEMBROKE PINES FL 33024

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

7/14/00

Date

954-435-1808

Daytime Phone #

CR2E034 (5/00)

Attachment
D# P9900031327
DU075280

Amy K. Cummings-Aponte
1120 Northwest 83rd Way
Pembroke Pines, Florida 33024

(954) 432-4220

July 15, 2000

State of Florida
Divisions of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

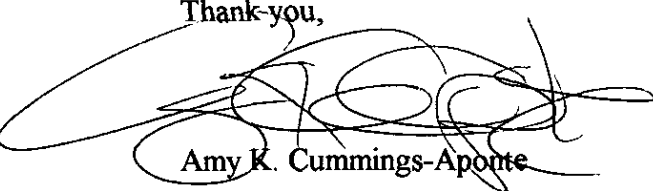
Re: Uniform Business Report/Amy's Family Daycare, Inc.

To whom it may concern:

Please be advised that I did not receive my first notice. I have contacted your office and per their instructions, I am enclosing my Uniform Business Report and a check in the amount of \$150.

If you have any questions, contact me at the number above.

Thank-you,



Amy K. Cummings-Aponte