

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052 ~~894~~ ✓

1. Entity Name

Kids Korner Learning Center Inc. 453

Principal Place of Business

Mailing Address

4895 S. St. Rd 7  
DAVIE FL 33314

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 0922184

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ventura Ruiz  
832 NE 26 St.  
Wilton Manors FL 33305

Name

Scott Miller

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

4895 S. St. Rd 7

City

DAVIE

FL

Zip Code

33314

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

Scott D. Miller

Scott D. Miller

1-14-00

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 NAME ~~GLADYS~~ GLADYS RUIZ ☒ Delete  
STREET ADDRESS 7790 NW 38 St.  
CITY-ST-ZIP DAVIE FL 33314

TITLE NAME ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MARIA ANN VIOLA ☒ Delete  
STREET ADDRESS 7790 NW 38 St.  
CITY-ST-ZIP DAVIE FL 33314

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME P Scott D. Miller ☒ Change ☐ Addition  
STREET ADDRESS 4895 S. St. Rd 7  
CITY-ST-ZIP DAVIE FL 33314

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

TITLE NAME Sec/ TR Gerilyn M. Miller ☒ Change ☐ Addition  
STREET ADDRESS 4895 S. St. Rd 7  
CITY-ST-ZIP DAVIE FL 33314

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

Scott D. Miller

Scott D. Miller

1-14-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (9/99)