

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053873

1. Entity Name:

Johnson's Toddlers University Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -7 PM 1:55

Principal Place of Business  
2469-2477 N.W. 60st  
Miami, Fla. 33142

Mailing Address  
14301 N.W. 5 Ave  
Miami, Fla. 33168

2. Principal Place of Business  
2469-2477 N.W. 60 street  
Suite, Apt. #, etc. N/A

3. Mailing Address  
14301 N.W. 5 Ave  
Suite, Apt. #, etc. N/A

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Fla.

City & State  
Miami, Fla.

4. FEI Number  
59-2289250

Applied For  
Not Applicable

Zip  
33142

Country  
Dade

Zip  
33168

Country  
Dade

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

## 6. Name and Address of Current Registered Agent

Chrisherl Heath  
14301 N.W. 5 Ave  
Miami, Fla. 33168

## 7. Name and Address of New Registered Agent

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 Chrisherl Heath Chrisherl Heath 5/1/2001

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!!  
After MAY 1, 2001  
Make Check Payable

FEE IS \$150.00  
Fee will be \$550.00  
to Department of State

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

## 11. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Chrisherl Heath<br>14301 N.W. 5 Ave<br>Miami, Fla. 33168 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 600004315266--3<br>-05/24/01--01042--033<br>****308.75 ****308.75 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AB5/22  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chrisherl Heath Chrisherl Heath 5/1/2001 305-681-1108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)