

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071330

1. Entity Name

TUMBLING TODDLERS DAY CARE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90203 017 ***150.00

Principal Place of Business

Mailing Address

18400 NW 2ND AVENUE #110
MIAMI FL 33169

18400 NW 2ND AVENUE #110
MIAMI FL 33169-4536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18400 N.W. 2nd Ave #110

3. Mailing Address

18400 N.W. 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#10

#10

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

33169

USA

Zip

Country

33169

USA

4. FEI Number

65-0943818

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

RANDALL, RICHETTA D
18400 NW 2ND AVENUE #110
MIAMI FL 33169

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) ☐

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	D	<input type="checkbox"/> Delete
NAME	RANDALL, RICHETTA D	
STREET ADDRESS	18400 NW 2ND AVENUE #110	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANDALL, JAMES JR	
STREET ADDRESS	18400 NW 2ND AVENUE #110	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL, RICHETTA D	
STREET ADDRESS	18400 N.W. 2nd Ave #110	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL, JAMES JR.	
STREET ADDRESS	18400 N.W. 2nd Ave. #110	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2000

305 653 0834

CR2E034 (9/99)