2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P99000071330** TUMBLING TODDLERS DAY CARE, INC. 04-27-2001 90236 026 ***150.00 Principal Place of Business Mailing Address 18400 NW 2ND AVENUE 18400 NW 2ND AVENUE MIAMI FL 33169 MIAM! FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 65-0943818 Not Applicable =Zip== Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDALL RICHETTA D Street Address (P.O. Box Number is Not Acceptable) 18400 NW 2ND AVENUE #110 MIAMI FL 33169 8400 N.W. 2 NO AVENUE #10 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITLE ☐ Addition NAME NAME RANDALL, RICHETTA D STREET ADDRESS STREET ADDRESS 18400 NW 2ND AVENUE #110 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Defete TITLE ☐ Change ☐ Addition NAME RANDALL, JAMES JR STREET ADDRESS STREET ADDRESS 18400.NW.2ND.AVENUE.#1.10. CITY-ST-ZE GITY-ST-7IP MIAMI FL 33169 ☐ Delete TITLE Change □ Addition NAME NAME randall, richetta d STREET ADDRESS STREET ADDRESS 18400 N.W. 2 AVENUE #10 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169. ☐ Delete TITLE Change ☐ Addition NAME NAME RANDALL, JAMES JR. STREET ADDRESS STREET ADDRESS 18400 N.W. 2 AVENUE #10 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

ornation supplied with the ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 science 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 I hereby certify that the infor. indicated on this report of of the corporation or the changed, or on an atta. nent with an address. ith all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIE

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #