

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075350

1. Entity Name  
SMALL HAND'S PRESCHOOL, INC.

Principal Place of Business  
18405 SW 129TH COURT  
MIAMI FL 33177

Mailing Address  
18405 SW 129TH COURT  
MIAMI FL 33177

2. Principal Place of Business  
18405 SW 129th Court  
Suite, Apt. #, etc.

3. Mailing Address  
18405 SW 129th CT  
Suite, Apt. #, etc.

City & State  
Miami FL  
Zip  
33177

4. FEI Number  
65-0953838

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

## 6. Name and Address of Current Registered Agent

MILLER, PATRICIA E  
12950 SW 187TH STREET  
MIAMI FL 33177

## 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 *Patricia E. Miller* DATE 8/15/01  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, PATRICIA 12950 SW 187 STREET MIAMI FL 33177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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 the exemption stated in Section 119.07(3)(f), 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 *Patricia E. Miller* DATE 8/15/01 DAYTIME PHONE 305-234-9253  
(Signature and typed or printed name of signing officer or director)

FILED  
Sep 05, 2001 8:00 am  
Secretary of State

09-05-2001 90006 042 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

UABO/S/ AV

CR2E034 (5/01)