

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096588

1. Entity Name

LITTLE LAMBS DAYCARE CENTER, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90064 010 ***150.00

Principal Place of Business

1500 NORTHWEST 35TH STREET
MIAMI FL 33142

Mailing Address

1500 NORTHWEST 35TH STREET
MIAMI FL 33142-5552

2. Principal Place of Business

1500 NW 35 ST

Suite, Apt. #, etc.

3. Mailing Address

1500 NW 35 ST

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

65-0959268

Applied For

Not Applicable

Zip

33142

Country

DADE

Zip

33142

Country

DADE

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURGOS, JUDY L	
STREET ADDRESS	1500 NORTHWEST 35TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CORREA, BLANCA	
STREET ADDRESS	1500 NORTHWEST 35TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, IRMA	
STREET ADDRESS	1500 NORTHWEST 35TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGOS, RAMON	
STREET ADDRESS	1500 NORTHWEST 35TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGOS JUDY L	
STREET ADDRESS	1500 NW 35 STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMON BURGOS	
STREET ADDRESS	1500 NW 35 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREA BLANCA	
STREET ADDRESS	1500 NW 35 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
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:

RAMON BURGOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/2000 305790373

CR2E034 (9/99)