

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90124 003 \*\*\*150.00

**DOCUMENT # P99000111926**

1. Entity Name  
**LE PETITE PAPILLON MONTESSORI CORPORATION**

Principal Place of Business

**7625 BYRON AVE  
 MIAMI FL 33141**

Mailing Address

**7625 BYRON AVE  
 MIAMI FL 33141**

2. Principal Place of Business

**7625 Byron Ave**

3. Mailing Address

**7625 Byron Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**M. Beach, Fl.**

City & State  
**Miami Beach, FL.**

Zip **33141** Country **DADE**

Zip **33141** Country **DADE**

4. FEI Number **52-2220878**

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

**VAZQUEZ, DAMARYS M  
 7625 BYRON AVE  
 MIAMI FL 33141**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAZQUEZ, DAMARYS M</b> <b>7625 BYRON AVE</b> <b>MIAMI FL 33141</b>	<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
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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)(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 another like empowered.

SIGNATURE: Damarys Vazquez **DAMARYS VAZQUEZ** 03/05/01 <sup>(305)</sup> 807-4244  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE