

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90068 004 ***158.75

0478619

DOCUMENT # V08270

1. Entity Name

LITTLE ANGELS CHILD CARE, INC.

Principal Place of Business

1340 CLASSIC DR
LONGWOOD FL 32779

Mailing Address

P.O. BOX 916016
LONGWOOD FL 32791-6016
US

742197



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1340 Classic Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 916016

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

59-3102059

Applied For

Not Applicable

Zip

32779

Country

U.S.

Zip

32791-6016

Country

U.S.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOO, JUNE C
1340 CLASSIC DR
LONGWOOD FL 32779

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

June C. Yoo June C. Yoo, president 4-10-01
(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, 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

TITLE PSD
NAME YOO, JUNE C
STREET ADDRESS 1340 CLASSIC DR
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE VTD
NAME YOO, STANLEY S
STREET ADDRESS 1340 CLASSIC DR
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

June C. Yoo June C. Yoo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-01

Daytime Phone #

(407) 325-3121 (Mobi)
(407) 299-5950
(407) 763-6699 (page)

CR2E034 (10/00)