

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90179 002 ***150.00

DOCUMENT # V16451

1. Entity Name

SASAME STREET CHILD CARE III CORP.

Principal Place of Business

Mailing Address

12604 SW 88 ST
 FL 33186

12604 SW 88 ST
 MIAMI FL 33186-1867

00082030

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME AS ABOVE

SAME AS ABOVE

City & State

City & State

SAME AS ABOVE

Zip

Country

U.S.A.

Zip

Country

U.S.A.

4. FEI Number

65-0317652

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

SALINAS, MARIA
12604 SW 88 ST
MIAMI FL 33186

Name

NA

Street Address (P.O. Box Number is Not Acceptable)

NA

City

NA

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

NA

NA

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	SALINAS, SAHIRA	
STREET ADDRESS	12604 SW 88 ST	
CITY- ST- ZIP	MIAMI FL 33186	
TITLE	P	<input type="checkbox"/> Delete
NAME	SALINAS, MARIA	
STREET ADDRESS	12604 SW 88 ST	
CITY- ST- ZIP	MIAMI FL 33186	
TITLE	V	<input type="checkbox"/> Delete
NAME	SALINAS, SARIBEL	
STREET ADDRESS	12604 SW 88 ST	
CITY- ST- ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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:

SIGNATURE REQUIRED
VICE PRESIDENT

4/24/00

(305) 598-8055

Date

Daytime Phone #

CR2E034 (9/99)