I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

TREASURER

SIGNATURE: RICHARD RABEN

Electronic Signature of Signing Officer/Director Detail

Title	P	Title	Т
Name	RABEN, JUNE	Name	RABEN, RICHARD
Address	5660 COLLINS AVENUE 21 B	Address	2130 HOLLYWOOD BLVD
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	HOLLYWOOD FL 33020

0

SIGNATURE:

Officer/Director Detail :				
Title	Р	Title	т	
Name	RABEN, JUNE	Name	RABEN, RICHARD	
Address	5660 COLLINS AVENUE 21 B	Address	2130 HOLLYWOOD BLVD	
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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.

HOLLYWOOD, FL 33020 US

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

RICHARD RABEN CPA 2130 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 US

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 412978

Entity Name: SKIPPER CHUCK'S CHILD CARE CENTER, INC. #2

Current Principal Place of Business:

3601 NW 194 STREET MIAMI, FL 33054

Current Mailing Address:

2130 HOLLYWOOD BLVD

FEI Number: 59-1358354

Date

FILED Jan 04, 2019 Secretary of State CC1390542323

Certificate of Status Desired: No

01/04/2019 Date