

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90239 027 \*\*\*\*70.00

0032992

**DOCUMENT # 704408**

1. Corporation Name

**THE BERTHA ABESS CHILDREN'S CENTER, INC.**

Principal Place of Business

10800 BISCAYNE BLVD  
SUITE 200  
MIAMI FL 33161  
US

Mailing Address

10800 BISCAYNE BLVD  
SUITE 200  
MIAMI FL 33161  
US



2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

3. Date Incorporated or Qualified

08/13/1962

4. FEI Number

59-0976373

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MOORE, GERALD  
10800 BISCAYNE BLVD  
SUITE 200  
N MIAMI FL 33161

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME VD  
CUEVAS, GILBERTO  
STREET ADDRESS 10800 BISCAYNE BLVD #200  
CITY-ST-ZIP N MIAMI FL 33161

TITLE ☐ DELETE  
NAME PD  
MOORE, ROBERT DR  
STREET ADDRESS 10800 BISCAYNE BLVD #200  
CITY-ST-ZIP N MIAMI FL 33161

TITLE ☐ DELETE  
NAME T  
MOORE, GERALD  
STREET ADDRESS 10800 BISCAYNE BLVD #200  
CITY-ST-ZIP N MIAMI FL 33161

TITLE ☐ DELETE  
NAME D  
JAEGER, CAROLYN J.  
STREET ADDRESS 10800 BISCAYNE BLVD #200  
CITY-ST-ZIP N MIAMI FL 33161

TITLE ☐ DELETE  
NAME SD  
LUDWIG, SIDNEY MRS.  
STREET ADDRESS 10800 BISCAYNE BLVD #200  
CITY-ST-ZIP N MIAMI FL 33161

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99 (305) 893-7400

CR2E037 (11/98)