

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763685

1. Entity Name

THE CREATIVE LEARNING CENTER OF KENDALL, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90049 041 ****61.25

Principal Place of Business	Mailing Address
12455 SW 104TH STREET MIAMI FL 33186 US	12455 SW 104TH STREET MIAMI FL 33186-3603 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2123460	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCONNEY, NADINE
14906 SW 104TH STREET
SUITE 53
MIAMI FL 33196

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MCCONNEY, NADINE
STREET ADDRESS	14906 SW 104TH STREET, #53
CITY-ST-ZIP	MIAMI FL 33196
TITLE	D <input type="checkbox"/> Delete
NAME	ALVAREZ, EMILY T
STREET ADDRESS	11823 SW 3454
CITY-ST-ZIP	MIAMI FL
TITLE	STD <input type="checkbox"/> Delete
NAME	ROLAND, VERNON
STREET ADDRESS	12401 SW 97 ST
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	MOUNTAIN, STEVEN
STREET ADDRESS	11620 SW 131ST AVENUE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN R. MOUNTAIN 2/21/2000 305-217-3091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)