

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90140 050 ****61.25

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DOCUMENT # 763685

1. Entity Name

THE CREATIVE LEARNING CENTER OF KENDALL, INC.

Principal Place of Business

12455 SW 104TH STREET
 MIAMI FL 33186
 US

Mailing Address

12455 SW 104TH STREET
 MIAMI FL 33186
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2123460

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

MCCONNEY, NADINE

~~14906 SW 104TH STREET~~ 427 SANTANDER AVE #402

~~SUITE 53~~

~~MIAMI FL 33196~~

CORAL Gables, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable) 427 SANTANDER AVE #402

City

CORAL Gables,

FL

Zip Code

33134

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. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MCCONNEY, NADINE
 14906 SW 104TH STREET, #53
 MIAMI FL 33196 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 427 SANTANDER AVE #402
 CORAL Gables, FL 33134 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 ALVAREZ, EMILY T
 11823 SW 3454
 MIAMI FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 STD
 ROLAND, VERNON
 12401 SW 97 ST
 MIAMI FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MOUNTAIN, STEVEN
 11826 SW 131ST AVENUE
 MIAMI FL 33186 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 RILEY, NINFA Director
 5071 NW 93 DORAL Circle EAST
 MIAMI, FL 33178 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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: X **WILLIAM P. McGUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/01 305-789-7459

CR2E037 (10/00)