

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90136 008 ****61.25

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

~~427 SANTANDER AVE.~~

~~SUITE 402~~

CORAL GABLES FL 33134

533 CORAL WAY APT 2

Name

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

533 CORAL WAY APT 2

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MCGONNEY, NADINE**
STREET ADDRESS **427 SANTANDER AVE., #402**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S/D** ☒ Change ☒ Addition
NAME **Barksdale, Linda**
STREET ADDRESS **12022 SW 105 Lane**
CITY-ST-ZIP **Miami, FL 33186**

TITLE **STD** ☒ Delete
NAME **ROLAND, VERNON**
STREET ADDRESS **42401 SW 97 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **T/D** ☒ Change ☒ Addition
NAME **Trujillo, Jose**
STREET ADDRESS **9612 SW 118 Court**
CITY-ST-ZIP **Miami, FL 33186**

TITLE **D** ☐ Delete
NAME **RILEY, NINFA**
STREET ADDRESS **5071 NW 93 DORAL CIR., EAST**
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Linda Barksdale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 22, 2003 305-274-4007

CR2E037 (10/02)