

DOCUMENT # 330893

1. Entity Name

MONTESSORI INSTITUTE OF HOMESTEAD, FLORIDA, INC

Principal Place of Business

20130 S W 304TH STREET
HOMESTEAD FL 33030

Mailing Address

20130 S W 304TH STREET
HOMESTEAD FL 33030

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 59-1221126

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

CALABRESE, ELIZABETH
20130 SW 304 ST
HOMESTEAD FL 33030

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11.	OFFICERS AND DIRECTORS
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12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE		<input type="checkbox"/> Delete
NAME	PS CALABRESE,ELIZABETH	
STREET ADDRESS CITY-ST-ZIP	20130 S.W. 304TH ST. HOMESTEAD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS CITY-ST-ZIP		

[illegible]

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034 (10/00)