

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90101 034 ****70.00

DOCUMENT # 709381

1. Entity Name

ST. ALBAN'S DAY NURSERY, INC.

Principal Place of Business

Mailing Address

3465 BROOKER ST
 MIAMI FL 33133-4867

3465 BROOKER ST
 MIAMI FLA 33133-4867

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

59-0766992

Applied For

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

7. Name and Address of New Registered Agent

MONTGOMERY, CLARENCE D
20490 S W 120TH AVENUE
MIRIMAR FL 33025

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.

\$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	P	<input type="checkbox"/> Delete
NAME	WALKER, J	
STREET ADDRESS	9200 S DADELAND BLVD	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STREET, T	
STREET ADDRESS	51 SW 1ST AVE	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	S. ALB	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, W	
STREET ADDRESS	3342 TOMAS AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCKINNEY, VALDA	
STREET ADDRESS	10160 N W 54TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	ED	<input type="checkbox"/> Delete
NAME	MONTGOMERY, C D	
STREET ADDRESS	20490 SW 120TH AVE	
CITY-ST-ZIP	MIRIMAR FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, P A	
STREET ADDRESS	99 NE 4TH ST. 800	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. BERNARD M. GRIFFITH	
STREET ADDRESS	3481, Hibiscus Street	
CITY-ST-ZIP	Coral Gables, FL 33133	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAQUEL MARTINEZ-PACHON	
STREET ADDRESS	5842 S.W. 31 Street	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARO F. FERNANDEZ	
STREET ADDRESS	2555 Collins Avenue	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL F. BLONSKY	
STREET ADDRESS	2699 So. Bayshore Drive- Penthouse	
CITY-ST-ZIP	Miami, FL 33133	

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:

SIGNATURE REQUIRED

January 12, 2000 705-443-1294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)