

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90035 021 \*\*\*\*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 FL 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 **Mckinnon samuel**

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

**22680 SW 114th Court**

City **Miami**

**FL**

Zip Code **33170**

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

**Samuel Mckinnon, Executive Director**

**01/10/2002**

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**  Delete  
 NAME **JOHNSON, WILL**  
 STREET ADDRESS **3342 THOMAS AVE**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **GRIFFITH, BERNARD M REV.**  
 STREET ADDRESS **3481 HIBISCUS ST**  
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **MARTINEZ-PACHON, RAQUEL**  
 STREET ADDRESS **5842 SW 31 STREET**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **FERNANDEZ, ALVARO F**  
 STREET ADDRESS **575 CRANDON BLVD APT 808**  
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **Treasure**  Change  Addition  
 NAME **Miles Jennings**  
 STREET ADDRESS **3471 Oak Avenue**  
 CITY-ST-ZIP **Miami, florida 33133**

TITLE **ED**  Delete  
 NAME **MONTGOMERY, C D**  
 STREET ADDRESS **20490 SW 120THJ AVE**  
 CITY-ST-ZIP **MIRIMAR FL 33025**

TITLE **Executive Director**  Change  Addition  
 NAME **Samuel Mckinnon**  
 STREET ADDRESS **22680 SW 114th Court**  
 CITY-ST-ZIP **Miami, Florida 33170**

TITLE **D**  Delete  
 NAME **BLONSKY, DANIEL F**  
 STREET ADDRESS **2699 S BAYSHORE DR- PENTHOUSE**  
 CITY-ST-ZIP **MIAMI FL 33133**

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:

*[Handwritten Signature]*

*1/10/2002 (305) 443-1234*

CR2E037 (9/01)