

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90220 031 ****70.00

DOCUMENT # 709381



1. Entity Name
ST. ALBAN'S DAY NURSERY, INC.

Principal Place of Business

**3465 BROOKER ST
MIAMI FL 33133-4867**

Mailing Address

**3465 BROOKER ST
MIAMI FL 33133-4867**

89014320



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0766992**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCKINNON, SAMUEL
22680 SW 114TH CT
MIAMI FL 33170**

7. Name and Address of New Registered Agent

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. 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, WILL	
STREET ADDRESS	3342 THOMAS AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRIFFITH, BERNARD M REV.	
STREET ADDRESS	3481 HIBISCUS ST	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTINEZ-PACHON, RAQUEL	
STREET ADDRESS	5842 SW 31 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILES, JENNING	
STREET ADDRESS	3471 OAK AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	ED	<input type="checkbox"/> Delete
NAME	SAMUEL, MCKINNON	
STREET ADDRESS	22680 SW 114TH CT	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLONSKY, DANIEL F	
STREET ADDRESS	2699 S BAYSHORE DR- PENTHOUSE	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

1/14/03 (305)443-1234

CR2E037 (10/02)