

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90124 050 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                     |                                                                                                                                                                 |                                                                                   |  |
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| <b>DOCUMENT # 727488</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    |                                                                                     |                                                                                                                                                                 |  |  |
| 1. Entity Name<br>UM/CANTERBURY CHILD CARE CENTER, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    |                                                                                     |                                                                                                                                                                 |                                                                                   |  |
| Principal Place of Business<br>1150 STANFORD DR<br>CORAL GABLES, FL 33146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                                                                                     | Mailing Address<br>1150 STANFORD DR<br>CORAL GABLES, FL 33146                                                                                                   |                                                                                   |  |
| 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<br>59-1489157                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                                                                                     |                                                                                                                                                                 | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                     |                                                                                                                                                                 | 7. Name and Address of New Registered Agent                                       |  |
| HASSLER, THOMAS<br>1150 STANFORD DRIVE<br>CORAL SPRINGS, FL 33146<br><i>Cynthia Beamish<br/>5915 Ponce de Leon Blvd<br/>Suite 10<br/>Coral Gables FL 33146</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                     |                                                                                                                                                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br><i>Phyllis Bochman</i><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing)</small>                                                                                                                                                                                                   |                                                                                                                    |                                                                                     |                                                                                                                                                                 |                                                                                   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                 | \$5.00 May Be<br>Added to Fees                                                    |  |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    |                                                                                     |                                                                                                                                                                 |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>HASSLER, THOMAS<br>5509 SW 63 AVENUE<br>MIAMI, FL 33155<br><input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <i>Cynthia Beamish<br/>Office of the General<br/>5915 Ponce de Leon Blvd CG</i><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>CYNTHIA, BEAMISH MS.<br>5915 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33146<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <i>Steve Teitelbaum<br/>1150 NW 14th St. #200A<br/>Miami FL 33136</i><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>FERNANDEZ, ROGER<br>6804 SW 98TH STREET<br>MIAMI, FL 33156<br><input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <i>[this position is<br/>currently vacant]</i><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A<br>CORBISHLEY, REV. FRANK J<br>1150 STANFORD DR.<br>CORAL GABLES, FL<br><input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>THOMAS, DR. ROOSEVELT J<br>101 OROVITZ BLDG.<br>CORAL GABLES, FL 33146<br><input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: <i>Phyllis Bochman</i> <i>John C. Board</i> 6/24/05 305-284-5437<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                                                                                     |                                                                                                                                                                 |                                                                                   |  |