## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 727488** 

FILED Mar 21, 2006 Secretary of State

Entity Name: UM/CANTERBURY CHILD CARE CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1150 STANFORD DR CORAL GABLES, FL 33146

**Current Mailing Address: New Mailing Address:** 

1150 STANFORD DR CORAL GABLES, FL 33146

FEI Number: 59-1489157 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BREMISH, CYNTHIA BEAMISH, CYNTHIA 5915 PONCE DE LEON BLDG 1320 SOUTH DIXIE HIGHWAY SUITE 10 SUITE 1250 CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 US

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: CYNTHIA BEAMISH 03/21/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

( ) Delete

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete PEITELBAUM, STEVE BEAMISH, CYNTHIA Name: Name: 1150 NW 14TH ST, #2 Address: 1320 SOUTH DIXIE HIGHWAY Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: CORAL GABLES, FL 33146 US

Title: Title: (X) Change ( ) Addition ( ) Delete Name: CYNTHIA, BEAMISH MS. Name: TEITELBAUM, STEVEN Address: 5915 PONCE DE LEON BLVD. LG Address: 1400 NW 10TH AVENUE City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: MIAMI, FL 33136 US

Title: () Delete Title: (X) Change ( ) Addition CORBISHLEY, REV. FRANK J Name: ALVAREZ, ANA M Name: 1150 STANFORD DR. 1350 MILLER DRIVE DRIVE, #125 Address: Address:

City-St-Zip: CORAL GABLES, FL City-St-Zip: CORAL GABLES, FL 33146 US

(X) Change ( ) Addition Name: THOMAS, DR. ROOSEVELT J Name: OLAZABAL, F.DAVID Address: 101 OROVITZ BLDG. Address: 1150 STANFORD DRIVE City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

SIGNATURE: CYNTHIA BEAMISH Ρ 03/21/2006