

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727488

FILED
Jun 11, 2009
Secretary of State

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

Current Principal Place of Business:

1150 STANFORD DR
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1150 STANFORD DR
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-1489157 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PAIGE, KYLE L MS
1320 SOUTH DIXIE HIGHWAY
SUITE 300
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAIGE, KYLE L MS
Address: 1320 SOUTH DIXIE HIGHWAY SUITE 300
City-St-Zip: CORAL GABLES, FL 33146 US

Title: V () Delete
Name: MEZIAS, JOHN
Address: 5250 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: T () Delete
Name: ALVAREZ, ANA M
Address: 1350 MILLER DRIVE DRIVE, #125
City-St-Zip: CORAL GABLES, FL 33146 US

Title: S () Delete
Name: ELBAUM, BATYA
Address: UNIVERSITY OF MIAMI 118 PICK HALL
City-St-Zip: CORAL GABLES, FL 33146

Title: CEO () Delete
Name: BOCHMAN, PHYLLIS L DR.
Address: 1150 STANFORD DRIVE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D () Delete
Name: CORBISHLEY, FRANK J FATHER
Address: 1150 STANFORD DRIVE
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ELGARESTA, CRISTINA
Address: 1415 LEVANTE AVE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: PHYLLIS BOCHMAN

CEO

06/11/2009

Electronic Signature of Signing Officer or Director

Date