

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727488

FILED  
Feb 22, 2010  
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 ( )**

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

PAIGE, KYLE L MS  
1320 SOUTH DIXIE HIGHWAY  
SUITE 300  
CORAL GABLES, FL 33146 US

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

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  
**Name:** PAIGE, KYLE L MS  
**Address:** 1320 SOUTH DIXIE HIGHWAY SUITE 300  
**City-St-Zip:** CORAL GABLES, FL 33146 US

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

**Title:** T  
**Name:** ELGARESTA, CRISTINA  
**Address:** 1415 LEVANTE AVE  
**City-St-Zip:** CORAL GABLES, FL 33146 US

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** PHYLLIS BOCHMAN

CEO

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date