

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743227

1. Entity Name

NORTH MIAMI EARLY CHILDHOOD SCHOOL AND DAY CARE

Principal Place of Business

1200 N.E. 135TH. STREET  
NORTH MIAMI 33161

Mailing Address

1200 N.E. 135TH. STREET  
NORTH MIAMI 33161-4313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1896602

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAURENT, KARYENE  
1200 NE 135 ST  
N MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

CAROL HELENE

Street Address (P.O. Box Number is Not Acceptable)

431 NW 146 STREET

City

MIAMI

FL

Zip Code

33168

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.

SIGNATURE

*Carol J Helene* CAROL HELENE, PRESIDENT

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WILSON, JUANITA  
STREET ADDRESS 1200 NE 135 ST  
CITY-ST-ZIP N MIAMI FL 33161 ☐ Delete

TITLE PD  
NAME HELENE, CAROL  
STREET ADDRESS 431 NW 146TH ST.  
CITY-ST-ZIP MIAMI FL 33168 ☐ Delete *Change*

TITLE D  
NAME GAMBREL, IVAN  
STREET ADDRESS 1200 NE 135 ST  
CITY-ST-ZIP N MIAMI FL 33161 ☐ Delete

TITLE D  
NAME STEWART, BERNICE  
STREET ADDRESS 8025 W. 18 LANE  
CITY-ST-ZIP HIALEAH FL 33014 ☒ Delete

TITLE PD  
NAME LAURENT, KARYENE  
STREET ADDRESS 1200 NE 135 ST  
CITY-ST-ZIP N MIAMI FL 33161 ☒ Delete

TITLE SD  
NAME GAMBREL, ROSEMARY  
STREET ADDRESS 1200 NE 135 ST  
CITY-ST-ZIP N MIAMI FL 33161 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME DREMMLING, LARRY  
STREET ADDRESS 240 NW 146 ST.  
CITY-ST-ZIP MIAMI FL 33168 ☐ Change ☒ Addition

TITLE D  
NAME MONTANO, GEORGE  
STREET ADDRESS 1360 NE 153 ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Change ☒ Addition

TITLE D  
NAME BOYKIN, PARULIA  
STREET ADDRESS 13512 NE 20 CT.  
CITY-ST-ZIP NORTH MIAMI FL 33181 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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 employees.

SIGNATURE: *Carol J Helene* CAROL HELENE, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)