

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L91685

1. Entity Name

PARENT-CHILD EDUCATION CENTER, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90026 020 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4684 NW 103 AVE~~  
~~SUNRISE FL 33351~~  
US

~~4684 NW 103 AVE~~  
~~SUNRISE FL 33351-7905~~  
US

2. Principal Place of Business

11415 NW 49 DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

11415 NW 49 DRIVE  
Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0210675

Applied For

Not Applicable

Zip

Country

Zip

Country

33076

33076

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERZFELD, RICHARD  
4684 NW 103 AVE  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

11415 NW 49 DRIVE

City

CORAL SPRINGS

FL

Zip Code

33076

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HERZFELD, RICHARD  
STREET ADDRESS 4684 NW 103 AVE  
CITY-ST-ZIP SUNRISE FL

TITLE VPD ☐ Delete  
NAME HERZFELD, MELODY  
STREET ADDRESS 4684 NW 103 AVE  
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 11415 NW 49 DRIVE  
STREET ADDRESS CORAL SPRINGS FL 33076  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 11415 NW 49 DRIVE  
STREET ADDRESS CORAL SPRINGS FL 33076  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)