FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M65846

1. Corporation Name

MONTESSORI SCHOOL OF MIAMI BEACH, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90266 002 ***150.00



| | | | | | | I MILL MANIA MAN | US OF BUILDING | DIOIC BEBER 1001 | |
|---|--|--|--------------------------|-----------------|---|------------------|-----------------|------------------|--------|
| Principal Place | e of Business | Mailing Address | | | | | | | |
| 1480 KENNEDY CAUSEWAY NORTH BAY VILLAGE FL 33141 | | 1480 KENNEDY CAUSEWAY | | | | | • | | |
| | | NORTH BAY VILLAGE FL 33141 | | | DO NOT WRITE | IN THIS S | SPACE | | |
| | | | | • | 3. Date Incorporated or Qualifed 01/26/1988 | | <u></u> | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | A | oplied For |] |
| 21 | | 26 | | | . 65-0088611 | | No | ot Applicable | } |
| Suite, Apt. | # etc. | - Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | \$8.75 : | Additional | |
| 22 | | 27 | | | 5. Certificate of Status Desireo | | Fee Re | equired | |
| City & State | | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | | 28 | | | Trust Fund Contribution | <u> </u> | Added | to Fees | 1 |
| Zip | Country | Zip C | Country | | 8. This corporation owes the currer | it year Inta | ngible | _ | |
| 24 | 25 | 29 30 | | | Personal Property Tax. | | ☐ Yes | □No | 1 |
| | 9. Name and Address of Current | Registered Agent | <u> </u> | | 10. Name and Address of New Re | gistered A | gent | | - |
| 544 | D DIGULADO 4 500 | | 81 | Name | | | | | |
| | IR, RICHARD A ESQ. | | 82 | Street Ad | ddress (P.O. Box Number is Not Acceptable) | | | | 1 |
| | LINCOLN ROAD | | | | | | | -4x |] |
| SUITE 512 | | | 83 | | | | | | |
| MIAI | MI BEACH FL 33139 | | 84 | City | | | 85 Zip | Code | ┨ |
| | | | 84 | City | , | FL | 83 2.15 | Code | İ |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, the | e above- | named co | rporation submits this statement for the pa | urpose of c | hanging its | registered | 1 |
| office or r | registered agent, or both, in the State of arm familiar with, and accept the obligation | f Florida. Such change was authori: | zed by th | ne corpora | tion's board of directors. I hereby accept | tne appoin | ımenı as re | egistered | } |
| SIGNATURE | Signature, typed or printed name of registered agent | MOTE: Basel | and Apont o | simpature recur | ired when reinstating) | DATE | | | _ ا |
| 12. | OFFICERS AND | | I3. | signature requi | ADDITIONS/CHANGES TO OFFI | | DIRECTO | ORS IN 12 | /11/08 |
| TITLE | PD OF FIGURE AND | | 1 TITLE | Τ. | 7,551,1010,011,110,011 | | Change | Addition | 1 = |
| | VICKERS-BURNETT, LAURA | _ | 2 NAME | | | | | _ | 1 |
| NAME | 4400 KENNEDY CALICENIAY | | | DODECC | | | | | 🖔 |
| STREET ADDRESS | | | .3 STREET A | 1 | | • | | | 5 |
| CITY-ST-ZIP | NORTH BAY VILLAGE FL 33141 VSTD | | .4 CITY-ST-7 .1 TITLE | ZIP | | | Change | Addition | 1 8 |
| TITLE | ' | | | - | • | | | | |
| NAME | VICKERS, LINDA | | .2 NAME | | 3 | | | | |
| STREET ADDRESS | | | .3 STREET A | | <u> </u> | | | | |
| CITY-ST-ZIP | | | 4 CITY-ST | ZIP | | | Change | Addition | ┨ |
| TITLE | | | .1 TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | | | .2 NAME | - | | | | | 1 |
| STREET ADDRESS | | | .3 STREET A | | | | | | |
| CITY-ST-ZIP | | | .4. CITY-ST- | ZIP | | | | | - |
| TITLE | | ☐ DELETE 4. | .1 TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | - | 4. | , 2 NAME | | | | | | |
| STREET ADDRESS | | 4. | .3 STREET A | ODRESS | | | | | ļ |
| CITY-ST-ZIP | | | 4 CITY-ST- | ZiP | | | | | 4 |
| TITLE | 1 | | .1 TITLE | | | | Change | ☐ Addition | |
| NAME | | 5. | 2 NAME | } | | | | | |
| STREET ADDRESS | , | 5. | .3 STREET A | ADDRESS | | | | | |
| CITY-ST-ZIP | <u> </u> | The state of the s | 4 CITY-ST- | ZIP | | | | | 1 |
| TITLE | | ☐ DELETE 6. | .1 TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | | . 6. | .2 NAME | | | | | | ľ |
| STREET ADDRESS | | · 6 . | .3 STREET A | ODRESS | | | • | | |
| CITY-ST-ZIP | | 6. | 4 CITY+ST- | ZIP | | | | | - |
| | L | | | | | | | | - |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Date Dayline Profile #