

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

04-25-2001 90141 016 ****61.25

DOCUMENT # N00000000171

1. Entity Name

TEACH THE CHILDREN FOUNDATION, INC.

LA

Principal Place of Business

6271 NW 201 STREET
 MIAMI FL 33015

Mailing Address

6271 NW 201 STREET
 MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-10548832

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DONLEY, LATRICIA C ESQ.
 18590 NW 67TH AVENUE
 SUITE 201
 MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Latricia C Donley

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: P ☐ Delete
 NAME: JOSEPH, MARGARETH
 STREET ADDRESS: 6271 NW 201 STREET
 CITY-ST-ZIP: MIAMI FL 33015

TITLE: V ☐ Delete
 NAME: SANDOVAL, BEATRIZ
 STREET ADDRESS: 610 NE 105TH STREET
 CITY-ST-ZIP: MIAMI SHORES FL 33138

TITLE: S ☐ Delete
 NAME: JOSEPH, L. ELIZABETH
 STREET ADDRESS: 6271 NW 201 STREET
 CITY-ST-ZIP: MIAMI FL 33015

TITLE: D ☐ Delete
 NAME: ARCHER, VERY
 STREET ADDRESS: 570 NE 145TH ST #5
 CITY-ST-ZIP: MIAMI FL 33161

TITLE: D ☐ Delete
 NAME: BROWN, MELINDA
 STREET ADDRESS: 90 EDGEWATER DR #608
 CITY-ST-ZIP: MIAMI SHORES FL 33133

TITLE: D ☐ Delete
 NAME: DONLEY, LATRICIA C ESQ.
 STREET ADDRESS: 17634 SW 12TH STREET
 CITY-ST-ZIP: PEMBROKE PINES FL 33029

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ 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 empowered.

SIGNATURE:

Latricia C Donley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)