

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000171

1. Entity Name

TEACH THE CHILDREN FOUNDATION, INC.

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

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1054832

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

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

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: Margaret Joseph REQUIRED Margaret Joseph 8/27/02 495-9777

FILED  
Sep 02, 2002 8:00 am  
Secretary of State

05-13-2002 90092 007 \*\*\*\*69.25

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DO NOT WRITE IN THIS SPACE

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