

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000003378**

1. Entity Name

CECILE DAY CARE & FAMILY DEVELOPMENT FOUNDATION, INC.

FILED

02 OCT -7 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

183 N.E. 57TH STREET
MIAMI FL 33137183 N.E. 57TH STREET
MIAMI FL 33137

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

65-1012119

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARMAN, GUY
3801 S. OCEAN DRIVE, 4Z
HOLLYWOOD FL 33019

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

Cecile Lauriston

10-3-02

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME D
STREET ADDRESS ALCINDOR, PPIERRE M
CITY-ST-ZIP 871 N.E. 195TH ST., #401
MIAMI FL 33179 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME D
STREET ADDRESS LAURISTON, CECILE
CITY-ST-ZIP 460 N.W. 89TH STREET
MIAMI FL 33150 ☐ DeleteTITLE
NAME MICHEL S. LAURISTON
STREET ADDRESS 460 NW 89th St
CITY-ST-ZIP MIA FL 33150 ☒ Change ☐ AdditionTITLE
NAME D
STREET ADDRESS LAURISTON, JEAN S
CITY-ST-ZIP 460 N.W. 89TH STREET
MIAMI FL 33150 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean S. Lauriston 9-27-02 201-NI-2437

Date

Daytime Phone

CR2E037 (4/02)