

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90421 015 ****61.25

DOCUMENT # N00000003378

1. Entity Name

CECILE DAY CARE & FAMILY DEVELOPMENT FOUNDATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

183 NE 57th St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Zip

33137

Country

DADE

Country

4. FEI Number **65-1012119**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALCINDOR, PIERRE M
871 NE 195TH STREET
SUITE 401
MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name **Pierre M. Alcindor**

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

871 NE 195th St #401

City **Miami**

FL

Zip Code

33179

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 obligation of registered agent.

SIGNATURE **Pierre M. Alcindor**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALCINDOR, PPIERRE M	
STREET ADDRESS	871 N.E. 195TH ST., #401	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAURISTON, MICHEL S	
STREET ADDRESS	460 N.W. 89TH STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAURISTON, JEAN S	
STREET ADDRESS	460 N.W. 89TH STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cecile Lauriston

4/15/03

CR2E037 (10/02)