

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004187**

1. Entity Name

ATELIER ST. JOSEPH CHILDREN & FAMILY LEARNING CENTER, CORP.**FILED**
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90809 027 ****61.25

0021278

Principal Place of Business Mailing Address
ONE SE THIRD AVENUE, 28TH FLOOR ONE SE THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131 MIAMI FL 33131

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

65-1019024

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

MACCULLOUGH, KARA L
ONE SE THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	VODICKA, CHARLES	
STREET ADDRESS	9500 S DADELAND BLVD 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACCULLOUGH, KARA L	
STREET ADDRESS	ONE SE THIRD AVENUE, 28TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, EDLINE	
STREET ADDRESS	445 NW 88TH TERRACE	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 ~~file~~ empowered.**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

6/25/02

CR2E037 (9/01)