

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90160 032 ****61.25

DOCUMENT # N00000006003

1. Entity Name

**CAMBRIDGE ADMINISTRATION PARENTS AND STUDENTS, I
NC.**



Principal Place of Business

**18055 NW 8TH ST.
PEMBROKE PINES FL 33029**

Mailing Address

**18055 NW 8TH ST.
PEMBROKE PINES FL 33029**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1045446**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOOD, THERESE
18204 SW 20TH ST.
MIRAMAR FL 33029**

7. Name and Address of New Registered Agent

Name

Mercedes Alvarez-Garcia
Street Address (P.O. Box Number is Not Acceptable)
17611 S.W. 12 Street

City

Pembroke Pines

FL

Zip Code
33029

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 *Mercedes Alvarez-Garcia*
Signature, typed or printed name of registered agent and title if applicable

Mercedes Alvarez-Garcia, Treasurer
(NOTE: Registered Agent signature required when reinstating)

3/10/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LOCKE, CHERYL	
STREET ADDRESS	15921 SW 14 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HOOD, THERESE	
STREET ADDRESS	18204 SW 20TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	VLASERVICH, CINDY	
STREET ADDRESS	3620 SW 185TH AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARIE, PINO	
STREET ADDRESS	1551 N. HIATUS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOWE, ELLEN	
STREET ADDRESS	1918 SW 175 AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tanet Baldauf	
STREET ADDRESS	19305 N.W.	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	V/A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lissette Kelleher	
STREET ADDRESS	700 S.W. 184 Terrace	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mercedes Alvarez-Garcia	
STREET ADDRESS	17611 S.W. 12 ST.	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tanet Czarniecki	
STREET ADDRESS	630 S.W. 167th Ave	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Cocuy	
STREET ADDRESS	17378 S.W. 78th St.	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
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: *Mercedes Alvarez-Garcia*

3/10/03

954-471-3108

CR2E037 (10/02)