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

FILED
May 08, 2003 8:00 am
Secretary of State
05-08-2003 90175 049 ****61.25

DOCUMENT # N01000008056

1. Entity Name

The Institute for Child Development, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
820 N.E. 17th Avenue	820 N.E. 17th Avenue
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. #3
City & State Ft. Lauderdale FL	City & State Ft. Lauderdale FL
Zip 33304 Country U.S.A.	Zip 33304 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1151468 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name David Cornell

Street Address (P.O. Box Number is Not Acceptable) 820 N.E. 17th Ave. #3

City Ft. Lauderdale FL Zip Code 33304

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 David Cornell President, Director 4-20-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	President and Director
NAME	David Cornell, Ph.D.
STREET ADDRESS	820 N.E. 17th Ave. #3
CITY-ST-ZIP	
TITLE	~~Elisabetta Ferrero, Ph.D.~~
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Secretary
NAME	Elisabetta Ferrero, Ph.D.
STREET ADDRESS	17525 N.W. 32 Avenue
CITY-ST-ZIP	Miami FL. 33054
TITLE	Treasurer
NAME	Ana-Christina Gonzalez
STREET ADDRESS	12470 S.W. 6th St.
CITY-ST-ZIP	Miami FL. 33184
TITLE	
NAME	
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CR2E037B (12/02)

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 on an attachment with an address, with another like empowered.

SIGNATURE: David Cornell 4-20-03 305-779-3142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

also email please: dcornell33304@yahoo.com