

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006423

FILED  
May 01, 2006  
Secretary of State

Entity Name: BET SHIRA EARLY CHILDHOOD CENTER, P.T.A., INC.

**Current Principal Place of Business:**

7500 S.W. 120 STREET  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7500 S.W. 120 STREET  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 59-2500437      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GASSENHEIMER, JAMES D  
80 S.W. EIGHTH STREET  
SUITE 2700  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

GASSENHEIMER, JAMES D  
3250 MARY STREET  
SUITE 307  
COCONUT GROVE, FL 33133 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/01/2006

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GASSENHEIMER, PATRICIA  
Address: 10905 SW 75 COURT  
City-St-Zip: MIAMI, FL 33156

Title: VD ( ) Delete  
Name: SZOMSTEIN, REBECCA  
Address: 7453 SW 125 STREET  
City-St-Zip: MIAMI, FL 33156

Title: SD ( ) Delete  
Name: HOCHMAN, MARNI  
Address: 13800 SW 73 AVENUE  
City-St-Zip: MIAMI, FL 33158

Title: TD ( ) Delete  
Name: BENTOLILA, LEAH  
Address: 14840 SW 93 COURT  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: CAIN, MARNI  
Address: 7275 SW 138 STREET  
City-St-Zip: MIAMI, FL 33158

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA GASSENHEIMER

Electronic Signature of Signing Officer or Director

PD

05/01/2006

Date