## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006423

Apr 27, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

7500 S.W. 120 STREET 7500 SW 120 STREET MIAMI, FL 33156 MIAMI, FL 33156

**Current Mailing Address: New Mailing Address:** 

7500 S.W. 120 STREET 7500 SW 120 STREET MIAMI, FL 33156 MIAMI, FL 33156

FEI Number: 59-2500437 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

() Delete GASSENHEIMER, PATRICIA SZOMSTEIN, REBECCA Name: Name: 10905 SW 75 COURT Address: 7453 SW 125 STREET Address:

City-St-Zip: MIAMI, FL 33156 City-St-Zip: VILLAGE OF PINECREST, FL 33156

Title: VD () Delete Title: VD (X) Change ( ) Addition

SZOMSTEIN, REBECCA Name: CAIN, MARNI T Name:

Address: 7453 SW 125 STREET Address: 7275 SW 138 STREET City-St-Zip: MIAMI, FL 33156 City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33158

Title: () Delete Title: SD (X) Change ( ) Addition CAIN, MARNI FINKLE, DEBORAH Name: Name:

7275 SW 138 STREET Address: Address: 7330 SW 115 STREET

City-St-Zip: MIAMI, FL 33158 City-St-Zip: VILLAGE OF PINECREST, FL 33156

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

ESQUENAZI, BECKY ESQUENAZI, BECKY Name: Name: 7601 SW 150 TERRACE Address: Address: 7601 SW 150 TERRACE

City-St-Zip: MIAMI, FL 33158 City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33158

I hereby certify that the information supplied with this filing does not qualify 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: BECKY ESQUENAZI TD 04/27/2007