

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008674

1. Entity Name
MONTESSORI ACADEMY PTO, INC.



FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90008 008 ****70.00

Principal Place of Business
19620 PINES BLVD.
SUITE 115
PEMBROKE PINES, FL 33029

Mailing Address
19620 PINES BLVD.
SUITE 115
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

09072004 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0665020

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

BENITEZ, DANIEL
19620 PINES BLVD.
SUITE 115
PEMBROKE PINES, FL 33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME NOBLE, KIM
STREET ADDRESS 19620 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE P/D ☒ Change ☐ Addition
NAME MARISELA RODRIGUEZ
STREET ADDRESS 19620 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE VP ☐ Delete
NAME HAMILTON, SAMANTHA
STREET ADDRESS 19620 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE VP/D ☒ Change ☐ Addition
NAME YOLANDA RODRIGUEZ
STREET ADDRESS 19620 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE TRE ☐ Delete
NAME MOKHTARY, MOHAMMED
STREET ADDRESS 19620 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE STD ☒ Change ☐ Addition
NAME TRICIA POTHMANN
STREET ADDRESS 19620 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Marisela Rodriguez MARISELA RODRIGUEZ 9-7-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #