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Apr 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08852 (8)

1. Corporation Name

THE LEHRMAN DAY SCHOOL, INC.

Principal Place of Business

727 77TH STREET
MIAMI BEACH FL 33141

Mailing Address

1701 WASHINGTON AVE
MIAMI BCH FL 33139-7541
US



3. Date Incorporated or Qualified
04/22/1985

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-0711180

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHANTZ, SCHATZMAN & AARONSON
200 S BISCAYNE BLVD #3650
SE FINANCIAL CENTER
MIAMI FL 33131-2394

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SCHANTZ, LAWRENCE M.
STREET ADDRESS 200 S.BISCAYNE BLVD 3000
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MALEK, ROCHELLE
STREET ADDRESS 420 LINCOLN RD.
CITY-ST-ZIP MIAMI BCH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME REVITZ, MARK
STREET ADDRESS 10665 NE QUAY BRIDGE CT
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BARR, ARTHUR
STREET ADDRESS 1000 ISLAND BLVD
CITY-ST-ZIP NORTH MIAMI BCH FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME JEFFREY ZIRULNICK
4.3 STREET ADDRESS 14557 S.W. 94 LANE
4.4 CITY-ST-ZIP MIAMI - FL - 33186

TITLE T ☐ DELETE
NAME HOLTZ, JAVIER
STREET ADDRESS 94 LA GORCE CIRCLE
CITY-ST-ZIP MIAMI BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP ☒ DELETE
NAME TAYLOR, MITCHELL
STREET ADDRESS 1111 KANE CONCOURSE 619
CITY-ST-ZIP BAY HARBOR FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027514

CR2E037 (9/96)