

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16169

1. Entity Name

FRIENDSHIP COOPERATIVE PRESCHOOL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 23 PM 12:50

Principal Place of Business

8601 S.W. 199TH ST.
MIAMI FL 33189

Mailing Address

8601 S.W. 199TH ST.
MIAMI FL 33189-1935

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2040532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, GERALDINE
9390 DOMINICAN DR.
MIAMI FL 33189

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME GULLAGE, DANIELLE
STREET ADDRESS 8491 SW 199 ST
CITY-ST-ZIP MIAMI FL 33189 ☐ Delete

TITLE PD
NAME O'CONNELL, GERALDINE
STREET ADDRESS 9390 DOMINICAN DR
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE T
NAME KESSLER, LISA
STREET ADDRESS 7391 SW 165 ST
CITY-ST-ZIP MIAMI FL 33157 ☒ Delete

TITLE VPD
NAME PEREZ, MARGARET
STREET ADDRESS 18163 SW 93 AVE
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE S
NAME HOFMANN, MICHELLE
STREET ADDRESS 19552 SW 134 AVE
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600003155536
-03/06/00-01002--008
*****61.25 *****61.25

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

TITLE T
NAME Ferrer, Karen
STREET ADDRESS 19370 SW 128 AVE.
CITY-ST-ZIP Miami FL 33177 ☐ Change ☒ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)