

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**  
 03-06-2002 90117 048 \*\*\*\*61.25

**DOCUMENT # N16169**

1. Entity Name

**FRIENDSHIP COOPERATIVE PRESCHOOL, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
 NAME **VPD**  
 STREET ADDRESS **Marleone Young**  
 CITY-ST-ZIP **17345 SW 88 Ave**  
**Miami FL 33157**

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

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **RICHARDS, BRENDA**  
 CITY-ST-ZIP **18425 SW 88 CT.**  
**MIAMI FL 33157**

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

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

TITLE ☐ Change ☒ Addition  
 NAME **VPD**  
 STREET ADDRESS **Nicole Freeby**  
 CITY-ST-ZIP **8521 SW 181 St.**  
**Miami FL 33157**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **WARRELL, MARY**  
 CITY-ST-ZIP **10027 SW 126 ST.**  
**MIAMI FL 33176**

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 **Brenda Richards** 2/18/02 305 235-6088  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)