

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90029 014 ****61.25

DOCUMENT # N16169

1. Entity Name

FRIENDSHIP COOPERATIVE PRESCHOOL, INC.



Principal Place of Business

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

Mailing Address

**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

4. FEI Number **59-2040532**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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

FILE NOW: FEE IS \$61.25

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 **VPD** ☐ Delete
NAME **YOUNG, MARLENE**
STREET ADDRESS **17345 SW 88 AVE**
CITY-ST-ZIP **MIAMI FL 33157**

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **Brown, Christine**
STREET ADDRESS **8620 SW 113 Terr**
CITY-ST-ZIP **Miami, FL 33157**

TITLE **VPD** ☒ Delete
NAME **FREEBY, NICOLE**
STREET ADDRESS **8521 SW 181 ST**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☒ Addition
NAME **Trujillo, Nicole**
STREET ADDRESS **18144 SW 92 Ct.**
CITY-ST-ZIP **Miami, FL 33157**

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

TITLE ☐ Change ☒ Addition
NAME **Leone, Desiree**
STREET ADDRESS **19001 SW 91 Ave**
CITY-ST-ZIP **miami, FL 33157**

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)(j), 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:

Christine Brown 1/27/03 305-235-5834

CR2E037 (10/02)