

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90066 002 ****61.25

DOCUMENT # N21828

1. Entity Name

MIRAMAR LUTHERAN LEARNING CENTER, INC.

Principal Place of Business

**7790 LA SALLE BLVD
 MIRAMAR FL 33023**

Mailing Address

**7790 LA SALLE BLVD
 MIRAMAR FL 33023**

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

59-2820449

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

**RAMIREZ, FREDERICK J.
 10041 PINES BLVD., SUITE C
 PEMBROKE PINES FL 33024**

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 **D** ☒ Delete
 NAME **KIRCK, JOYCE**
 STREET ADDRESS **1731 NW 96 TERRACE #G**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ Change ☒ Addition
 NAME **HARP, JANNE**
 STREET ADDRESS **1731 NW 96 TERR #G**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **S** ☐ Delete
 NAME **SEARS, MYRTLE**
 STREET ADDRESS **8161 NW 15 STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL**

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

TITLE **TD** ☐ Delete
 NAME **AUFDENKAMP, HAZEL**
 STREET ADDRESS **2011 SW 84 AVE**
 CITY-ST-ZIP **DAVIE FL 33324**

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

TITLE **D** ☐ Delete
 NAME **JANICE BROTHERS**
 STREET ADDRESS **761 GREENBRIAR AVE.**
 CITY-ST-ZIP **DAVIE FL**

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

TITLE **P** ☐ Delete
 NAME **AUFDENKAMP, NORMAN**
 STREET ADDRESS **2011 SW 84 AVE**
 CITY-ST-ZIP **DAVIE FL 33324**

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: *Hazel Aufdenkamp* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAZEL AUFDENKAMP

1/9/01

Date

Daytime Phone #

CR2E037 (10/00)