

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000324

1. Entity Name

WEST PERRINE CHILD DEVELOPMENT CENTER, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90006 034 ****70.00

Principal Place of Business

Mailing Address

17445 HOMESTEAD AVENUE
MIAMI FL 33157

17445 HOMESTEAD AVENUE
MIAMI FL 33157-5336

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYAL, CARLOTTA
17445 HOMESTEAD AVENUE
MIAMI FL 33157

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	CEOD	<input type="checkbox"/> Delete
NAME	ROYAL, CARLOTTA	
STREET ADDRESS	15213 SW 107 COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DP	<input type="checkbox"/> Delete
NAME	QUINTYN, AGGREY	
STREET ADDRESS	679 SW 153 STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33030	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JACKSON, MARVIN	
STREET ADDRESS	26175 SW 128 COURT	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	REAMS, DAMARIS	
STREET ADDRESS	14728 153 COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	SOAD	<input type="checkbox"/> Delete
NAME	HOSKIN, PATRICIA	
STREET ADDRESS	7621 SW 175TH ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ETHEL	
STREET ADDRESS	11503 SW 216 ST.	
CITY-ST-ZIP	GOULDS FL 33189	

TITLE	SOAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNESTINE Thompson	
STREET ADDRESS	10860 SW 167th STREET	
CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSKIN, PATRICIA	
STREET ADDRESS	750 NE 64th STREET Apt. BPH	
CITY-ST-ZIP	MIAMI, FLORIDA 33138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)