

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

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90159 004 \*\*\*\*70.00

**DOCUMENT # N93000000324**

1. Entity Name

**WEST PERRINE CHILD DEVELOPMENT CENTER, INC.**



Principal Place of Business  
**17445 HOMESTEAD AVENUE  
MIAMI FL 33157**

Mailing Address  
**17445 HOMESTEAD AVENUE  
MIAMI FL 33157**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0385308**

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

**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. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>SOAD</b>						
	<b>THOMPSON, ERNESTINE</b>						
	<b>10860 SW 167TH ST</b>						
	<b>MIAMI FL 33157</b>						
	<b>DP</b>						
	<b>QUINTYN, AGGREY</b>						
	<b>679 SW 153 STREET</b>						
	<b>FLORIDA CITY FL 33030</b>						
	<b>DP</b>						
	<b>JACKSON, MARVIN</b>						
	<b>26175 SW 128 COURT</b>						
	<b>MIAMI FL 33189</b>						
	<b>TSD</b>						
	<b>HOSKIN, PATRICIA</b>						
	<b>750 NE 64TH ST APT. BPH</b>						
	<b>MIAMI FL 33138</b>						
	<b>D</b>						
	<b>JOHNSON, ETHEL</b>						
	<b>11503 SW 216 ST.</b>						
	<b>GOULDS FL 33189</b>						
	<b>CEO</b>						
	<b>ROYAL, CARLOTTA</b>						
	<b>17445 HOMESTEAD AVE</b>						
	<b>MIAMI FL 33157</b>						

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: **CarloTTa R. Royal**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 14, 2003 305.253.3458**

CR2E037 (10/02)