

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003675

1. Entity Name

TEACH, THE EDUCATORS' ASSOCIATION FOR CHILDRENS'

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90008 042 ****61.25

Principal Place of Business

41 NE 165 STREET
MIAMI FL 33162
US

Mailing Address

41 NE 165 STREET
MIAMI FL 33162
US

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

65-0440260

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

SAGALLE, LINDA
41 NE 165 STREET
MIAMI FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

City

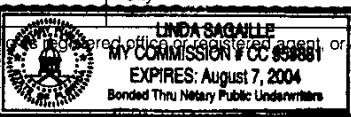
FL

Zip Code

8. The above named entity submits this statement for the purpose of changing the 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.



1/4/01

DATE

FILE NOW:
FEES 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 NAME STREET ADDRESS CITY-ST-ZIP	CD PRENTICE, JAN 10335 NW 5TH AVE MIAMI FL 33150	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD URDANETA, ANTOINETTE 6215 NW 170TH TERR MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GLOVER, SHARI 1230 NE 204 ST MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRODER, TERESA 10601 NW 6TH AVE MIAMI FL 33150	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, KIM 1640 NE 171ST MIAMI BEACH FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARASLUK, CHRIS 6954 BOTTLE BUSH DRIVE MIAMI LAKES FL 33014	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Debra Arce 11132 Peachtree Dr. Miami, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Alexa Chisholm 8850 NW 191st Miami FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Linda Sagalle 41 NE 165 ST North Miami FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRC Sally MISHKIN 1240 NE 153 ST NMB FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Antoinette Urdaneta 14901 Featherstone Way Davie FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christine Tarasiuk 6954 Bottle Brush Dr. Miami Lakes FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Linda Sagalle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/01 305-948-3796

CR2E037 (10/00)