

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-03-2002 90110 005 ***61.25

DOCUMENT # N94000000197

1. Entity Name

SOUTH FLORIDA PRESCHOOL PTA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 560772
 MIAMI FL 33156-0772

P.O. BOX 560772
 MIAMI FL 33156-0772

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

65-0426221

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

AUERBAUCHER, LAUREL
16824 S W 80 CT
MIAMI FL 33157

Name **PAT GLADIEUX**

Street Address (P.O. Box Number is not acceptable) **17730 S.W. 92 Ave**

City **Miami, FL 33157** FL Zip Code **33157**

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 re-registering)

1/10/02

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	P	☒ Delete
NAME	BUCHMAN, ELIZABETH	
STREET ADDRESS	1500 CAMPAMENTO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	VD	☒ Delete
NAME	ARMSTRONG, WENDY	
STREET ADDRESS	14534 S.W. 144 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	☐ Delete
NAME	SANDS, JANICE	
STREET ADDRESS	8240 S W 150 DRIVE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	TD	☒ Delete
NAME	AUERBACHER, LAUREL	
STREET ADDRESS	16824 S W 80 CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	☒ Delete
NAME	LEVEN, JACKIE	
STREET ADDRESS	7910 S W 73 CT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	☒ Change ☐ Addition
NAME	Wendy T. Armstrong	
STREET ADDRESS	8741 S.W. 159 St	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	Vice President	☒ Change ☐ Addition
NAME	CAROLINA AZARI	
STREET ADDRESS	8821 S.W. 113 Place Circle West	
CITY-ST-ZIP	MIAMI FLA 33176	
TITLE	Vice President	☒ Change ☐ Addition
NAME	Lisa COOTS	
STREET ADDRESS	9841 S.W. 147 St	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	Vice President	☒ Change ☐ Addition
NAME	Janice Sands	
STREET ADDRESS	8240 S.W. 150 Drive	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	PAT GLADIEUX	
STREET ADDRESS	17730 S.W. 92 Ave	
CITY-ST-ZIP	MIAMI FL 33157	
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:

SIGNATURE RECD - Treasurer 1/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)