

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

FILED
May 05, 2003 8:00 am
Secretary of State

04-02-2003 90068 031 ****61.25

DOCUMENT # N94000000197



1. Entity Name
SOUTH FLORIDA PRESCHOOL PTA, INC.

Principal Place of Business
P.O. BOX 560772
MIAMI FL 33156-0772

Mailing Address
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

GLADEUX, PAT
17730 S.W. 92 AVE
MIAMI FL 33157

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **ARMSTRONG, WENDY T**
STREET ADDRESS **9741 S.W. 139 ST**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VD** ☐ Delete
NAME **AZAN, CAROLINA**
STREET ADDRESS **8821 S.W. 113 PLACE CIRCLE W**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VD** ☐ Delete
NAME **SANDS, JANICE**
STREET ADDRESS **8240 S.W. 150 DRIVE**
CITY-ST-ZIP **MIAMI FL 33158**

TITLE **SD** ☐ Delete
NAME **COOTS, LISA**
STREET ADDRESS **9841 S.W. 147 ST**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **T** ☐ Delete
NAME **GLADEUX, PAT**
STREET ADDRESS **17730 S.W. 92 AVE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Jean Blakley**
STREET ADDRESS **11501 SW 92 Ave**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Kathy Barber**
STREET ADDRESS **11321 SW 100 Avenue**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **Vice President Secy** ☒ Change ☐ Addition
NAME **Pam Bell**
STREET ADDRESS **8330 SW 148 Drive**
CITY-ST-ZIP **MIAMI FL 33158**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **AZARI CAROLINA**
STREET ADDRESS **8821 SW 113 PLACE CIRCLE WEST**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
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:

Pat Gladeux

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

Daytime Phone #

CRCE037 (10/02)