

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003082**

1. Entity Name  
**MIAMI ARTCC CHILD CARE, INC.**



Principal Place of Business  
**7500 N.W. 58TH STREET  
MIAMI, FL 33166**

Mailing Address  
**7500 N.W. 58TH STREET  
MIAMI, FL 33166**



04072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0527291**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LESSOR, PAMELA  
7500 NW 58TH ST  
MIAMI, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

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

*Pamela Lessor*

(NOTE: Registered Agent signature required when renewing)

DATE

**4-8-04**

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DELGADO, MARTHA
STREET ADDRESS	7500 NW 58TH ST
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	BOSTICK, KIMBERLY
STREET ADDRESS	7500 NW 58 ST
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	BROOM, MICHELLE
STREET ADDRESS	7500 NW 58 ST
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000111072  
04/12/04-80108-008 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Kimberly Bostick*

DATE

Daytime Phone #

**4-8-04 (305) 716-1784**