

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005427

1. Entity Name

CHERISH CHILD CARE CENTER, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91137 008 ****61.25

0037896

Principal Place of Business

4201 N.W. 2ND AVENUE
MIAMI FL 33127

Mailing Address

4201 N.W. 2ND AVENUE
MIAMI FL 33127

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

65-0419655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, MARY L
61 NORTHWEST 47TH STREET
MIAMI FL 33127

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLER, EVA M
STREET ADDRESS 8026 N.W. 12TH COURT
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE SD
NAME LEE, JOYCE A
STREET ADDRESS 1270 N.W. 84TH TERRT
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE TD
NAME DENNIS, ELOISE
STREET ADDRESS 1056 N.W. 56TH STREET
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE V
NAME CLAYTON, DAMEON D
STREET ADDRESS 61 NW 47TH STREET
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ 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:

MARY L CLAYTON MARY L CLAYTON 4/26/01 (365) 576-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)