

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90285 015 *****61.25

DOCUMENT # N94000005427

1. Entity Name

CHERISH CHILD CARE CENTER, INC.



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

Hialeah
Suite, Apt. #, etc.

3. Mailing Address

8026 N.W. 12TH COURT
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number **65-0524854**

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 **EVA M. MILLER**
Street Address (P.O. Box Number is Not Acceptable)
8026 N.W. 12TH COURT
City **Miami** FL Zip Code **33147**

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 **Eva M. Miller**
Signature, typed or printed name of registered agent and title if applicable.

President/Director
(NOTE: Registered Agent signature required when reinstating)

4/18/03
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 **PD** ☐ Delete
NAME **MILLER, EVA M**
STREET ADDRESS **8026 N.W. 12TH COURT**
CITY-ST-ZIP **MIAMI FL 33147**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: **Eva M. Miller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 **(305) 691-4600**
Date Daytime Phone #

CR2E037 (10/02)